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The Attachment Story Completion Test: Analysing the Emergent Themes and Object Relations of a South African Protocol.

ACKNOWLEDGEMENTS

I would like to thank my supervisor, Carol Long, for her motivational guidance and tireless work editing my report. I would also like to thank Renate Gericke for her initial input and guidance. Thank you to my mother Charmaine, my father Renney and my partner Bruce for their support, motivation and endless patience. Thank you to the children's homes and hospital who allowed us access and to those children who's sometimes sad and heart breaking stories appear in this report.

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CHAPTER ONE: INTRODUCTION

In his 1955 work, Freud says:

> *So long as we trace the development from it's* (the development*) final outcome backwards, the chain of events appears continuous, and we feel we have gained an insight which is completely satisfactory or even exhaustive. But if we proceed in the reverse way, if we start from the premises inferred from the analysis and try to follow these up to the final results, then we no longer get the impression of an inevitable sequence of events which could not have otherwise been determined.* (Freud, 1955, p. 167).

Upon reading this quote by Freud, I am reminded of the retrospective versus prospective nature of attachment theory which attempts to explain the current behavioural functioning of the child based on the hypothesised experience of their initial caregiving relationship, as well as to predict future relational functioning. Attachment is theorised to cross the lifespan and remain fairly stable (Bowlby, 1969), and indeed when analysing the current relational style of the child, it seems easy to surmise the nature of the initial relationship between parent and child. However much research has focused on what may be in store in the future for a child with the supposed state of functioning and classification of attachment and how this may carry over into adulthood.

Reviewing and measuring attachment has become a much discussed topic among researchers. It appears that attachment behaviour changes from infancy through childhood and adolescence and into adulthood and although attachment is lifelong and relatively stable, as individuals develop cognitively, the attachment relationship changes from a concrete behavioural manifestation between infant and caregiver and matures into an internal representation of attachment, also known as an internal working model (Green, Stanley, Smith, & Goldwyn, 2000; Ammaniti, Van Ijzendoorn, Speranza, & Tambelli, 2000) This working model is a symbolic representation not only of self-worth but also of relationships with others (Kerns & Seibert, 2011). This does not mean that the model of attachment is different as the individual progresses, but rather that it is more difficult to measure in the same way as one would in infancy, in a way that taps into the internal working model (O'Connor & Byrne, 2007). It is for this reason that there are many issues surrounding attachment as well as many assessments offering meaning and interpretation of the attachment relationship. According to Kerns and Seibert (2011), measurements may either tap into the specific relationship between caregiver and child, or the more general relationship, as discussed above.

An analysis of middle childhood provides us with a view into a significant intersection in the life of the child. This stage of development is characterised by a decline in the egocentrism of the child as well as an increase in the cognitive abilities which allows for symbolic representations (Abe & Izard, 1999). Emerging from the infant and toddler stages, children in this age range are likely to experience a shift in the social organisation of their lives where interaction with peers takes precedence over interaction with caregivers and parents. Children in this age range also face adjustments to the school environment (Granot & Mayselles, 2001). As these children move towards peers and away from parents and caregivers, caregivers also generally become more critical of their children's behaviour (Franco & Levitt, 1998) This study originally formed part of a larger study assessing relationships between attachment types, repertoire and intesnity of emotional experience, ego strength and defences and quality of object relations in pre-adolescent children (Gericke, 2010). The study used a variety of assessment tools, such as the ASCT, the Differential Emotions Scale, the Complete Assessment of Defences Style and the verbal subtest of the Senior South African Individual Scales Revised. The larger doctoral study aimed at collecting around 100 protocols for analysis. This study has utilised only the ASCT data collected from part of the larger study.

While the Attachment Story Completion Test (ASCT) is used to classify the attachment relationship of the child in middle childhood, the primary aim of this research is to provide an additional perspective to the attachment narratives of children aged 8-12. This study is particularly focused on the attachment representations of children at risk and thus data was collected from children residing in children's homes as well as children accessing governmental psychological hospital care. The qualitative analysis of these children's narratives of the ASCT, in addition to the traditional coding for attachment of the ASCT, may provide supplementary information regarding the attachment categories beyond what is already widely accepted, particularly when applied in the South African context of children at risk.

1.1 AIMS

This research attempts to use the current functioning of the child in order to make retrospective deductions of the nature of the early dyadic relations between child and parent. Using a psychoanalytic perspective as an addition to this analysis, this research aims to add to the functional perspective of attachment, an internal, psychic frame of reference with which to view attachment. As the focus of this study lies in insecure attachment, ASCT protocols will be collected from children living in children's homes as well as children accessing the governmental mental health care system

i.e. governmental hospitals, which provide a sample of children at risk. While scoring of the ASCT involves identifying certain themes which are characteristic of the specified attachment category, an additional thematic analysis is applied in this study. Therefore, more complex themes which appeared in the data and are not part of the ASCT scoring system are identified as well as suggestions of characteristics beyond the typical appearance of the story stem as advocated by the ASCT scoring stem. Analysing the ASCT protocols in this way will provide a qualitative analysis that will contribute to the existing understanding and ways of reading ASCT protocols. This research then aims to further analyse the emerging themes using an object relational perspective to provide an additional viewpoint to the experience of attachment and relation to the object of the child. While attachment theory may provide an explanation for the observable behaviour traits of the child, this research aims to supplement that theory with an interpretation of how the early objects of the child are handled and how this may contribute towards their attachment behaviours. Thus this research has the dual aim of identifying additional emerging data from the ASCT protocols as well as applying an object relations based analysis to the emergent themes.

1.2 Research Questions

1) What themes emerge from a thematic analysis of the ASCT protocols?

2) What insight can be gained from an object relational analysis of the emergent themes?

1.3 Rationale

"*Every New beginning has to take place in an object relation"* (Balint, 1936, pp. 213)

This quote from Balint (1936) serves to highlight the key intersection between object relations and attachment theory, in that human development and growth takes place within a human relationship (Blatt & Levy, 2003). While attachment theory may emphasise the relationship in the development of the human, object relations has been more focused on the internal world of the infant. Yet the two theories both emphasise the parent child dyad in developing the ego and personality of the infant (Osofsky, 1995).

Bowlby (1977) emphasised the use of attachment theory in order to predict future relational functioning and normal versus pathological development. He emphasised the importance of early attachments and how the infant experiences these effects late into development and across the lifespan. Through the repetition of past behaviour, infants learn what to expect from future interactions between themselves and the caregiver. These internalised expectations of the

relationship, or internal working models are also enmeshed with the emotions that were experienced throughout the interaction. Osofsky (1995) emphasises the importance of emotional regulation in the development of the self and explains how emotional regulation allows the infant to learn to distinguish between the self and others. This happens through the interactional process between child and caretaker, therefore, the relationship between child and caretaker become vital in developing self and other representations and thus organising the self and behaviour in all future interactions (Fonagy, 1993; Blatt & Levy, 2003). There are striking similarities and overlaps between attachment theory and object relations and even though Bowlby took his theories in a different direction, he himself originated from an object relational perspective. Bowlby disagreed with certain aspects of the object relational approach. He preferred to formulate his theories based on observable and empirical information and he disagreed with the drive theory, popular with object relations theorists. Despite this, there are many similarities between object relations and attachment theory. Both theories emphasise that development occurs within the interaction between child and caretaker. There are also striking similarities in the construct of the internal working model and the object, although the internal working model is more of a symbolic representation of the internalised relationship and the object is simply comprised of internalised parts of the caregiver (Osofsky, 1995; Fonagy, 1993). While the internal working model is supposed to provide the blueprint for future relations, the object plays an important part in the development of the ego and superego of the infant. Ritvo says “attachment comes to more than clinging, and object relations becomes more than attachment” (Ritvo, 1962, p. 102). This quote provides the primary rationale of this research in that meeting the theories of object relations and attachment may provide a deeper understanding of both aspects. It is hoped that by combining these two theories, they may provide more than the sum of their parts in providing a richer understanding of the experience of the child. Bretherton (1992) underscored the relevance of attachment to psychoanalysis, remembering the object relational past from whence it came, yet this research proposes a bidirectional benefit in linking object relations to attachment, in describing the internal experience as well as the outward expression of the insecurely attached child. Stern (1985) also emphasises that what is important is not the actual pattern of interaction itself but rather the meaning and experience of that pattern for the relationship, the self and the other.

Bowlby emphasised the role of insecure attachment in the development of psychopathology, explaining that difficulties in attachment increase the risk of psychopathology. He links specific patterns of attachment to specific pathologies (Bowlby, 1977). The focus of this study is aimed at an analysis of the experience of an insecure attachment and the data has been collected from children residing in children’s homes or seeking psychological help from the government hospital services.

Within the entire data corpus, only 3 of the protocols were classified as secure and these were excluded from the analysis. Thus the presence of an insecure attachment dominated the attachment classifications of children residing in the homes. This is also to be expected from hospital data as it is assumed that these children are seeking psychological help because of some difficulty in functioning and, following Bowlby's reasoning and the evidence suggested in the literature, one of the roots of difficulty in functioning is an insecure attachment. Ritvo (1962) found that children who had been deprived of adequate maternal care experienced delays in development, especially in development of the ego and that more complex ego functions were distorted. In addition, these children showed difficulty and irregularities in expressing and experiencing the full range of emotions. These children showed less investment in their toys compared with normal infants and also showed less displeasure when their toys were removed. Another study conducted by Muris and Maas (2004) found that institutionalised children showed more difficulties and lower levels of strengths than non-institutionalised children as well as higher levels of insecure attachment and finally that insecure attachment was associated with more difficulties than strengths. These findings were also supported by Anna Freud (1951) in her investigations of children living in institutions post-war. Rollman-Branch (1960) discusses how children institutionalised from birth showed the greatest decline in development between the ages of three and six months. If they were removed from the home before the age of six months they showed no marked emotional disturbances. This indicates that the first six months of the child's life are among one of the most important stages for development, another being the oedipal phase, for example (Rollman-Branch, 1960). The literature suggests that the importance of this period may be due to the interplay between maturational factors of both the ego and instinctual drives as well as experiential factors (Ritvo, 1962). In other words, in this period of the first 6 months, certain experiences, such as the reverie and care of a good mother, are vital for the development of the ego and without them the infant may experience a significant lag in ego development which then hinders future functioning.

However, although this study is interested in insecure attachment, the focus is on attachment in middle childhood. One of the reasons for this is because infants present with many difficulties in assessment. Retrospective or even a current analysis of the internal experience of the infant is almost impossible. Accessing the attachment quality of the child in middle childhood provides the researcher with rich narrative data which can then be retrospectively analysed in order to make inferences about the first few months of the life of the child. In addition, the narratives of these children allow for analysis of their unconsciously projected object relations into the assessment tool, the ASCT. Internal working models of older children cannot be assessed directly but rather must be accessed through patterns of behaviours and verbalisations, thus, older children may be assessed

using play and symbolism (Poehlmann, 2005). The story stem technique has been adapted for older children and offers an ideal platform from which to explore emerging themes about attachment of differing qualities and the mental representations of these for children in middle childhood (Bretherton, Ridgeway, & Cassidy, 1990). The Attachment Story Completion Test has been used in diverse settings and applications and is highly relevant to the current study (Poehlmann, 2005; Poehlmann, Park, Bouffiou, Abrahams, Shlafer, & Hahn, 2008; Kerns & Seibert, 2011). It is important to recognise that culture can have an effect on the measurement of attachment in different contexts. Many measures rely heavily on parent's perceptions about the quality of their relationship with their children as well as the scorer's perceptions about social norms, language, symptoms and western beliefs (Minde, Minde, & Vogel, 2006). The ASCT has also been used in varying ecological and cultural contexts. Many studies have been conducted cross contextually (Poehlmann, 2005; Poehlmann et al., 2008; Kerns, Tomich, & Kim, 2006).

South Africa offers a unique context and faces difficulties which may have strong effects on the development of children as well as the development of secure attachments between parents and offspring. South Africa faces particular issues such as extreme differences in wealth distribution and an exceptionally low poverty line.

According to Tomlinson, Cooper and Murray (2005) and Lyons-Ruth, Connell and Grunebaum (1990), poverty has effects such as high infant mortality rate, high incidence of early school dropout and low levels of education. High levels of crime and gang association can all result in high rates of psychological disturbance in children. Adverse circumstances such as poverty can greatly affect parents' capacity to provide adequate care and security of attachment for their offspring (Cooper et al., 2009). In addition to this, families face the pandemic of HIV/AIDS. Although this virus affects people from all areas of the economy, those at a lower economic level are particularly at risk as they have difficult or limited access to health care and other resources. The effects may often result in the death of important family members or bread winners, children-headed households or orphaned children. This, of course, places extra burden on the psychological wellbeing of children in these situations. This may stand in strong contrast to the challenges faced by children in higher economic sectors, yet additional resources do not free families from difficulties and challenges or guarantee a secure attachment. Differing climates of child development may present various themes, prompting questions around attachment and relationships between family members.

While attachment theory and object relations may have a history of divergence in terms of theory, both importantly deal with the nature of the very first relationship between caretaker and child. Object relations serve to explain the psychological experience had by the child in that first

relationship and how the object, i.e. the caretaker, becomes internalised into that child and is later expressed unconsciously (Ainsworth, 1969). Object relations also serves to explain how the ego and superego of the child develop and what defences are used by the child in response to his environment. The internalisation of the first love object is then theorised to have a later effect on the ego functioning of the child (Engel, 1971). Current research is looking more towards piecing together attachment and object relations (Fonagy, 2001; Priel & Besser, 2001; Ainsworth, 1969; Engel, 1971) as they offer complementing theories on the inner world as well as corresponding and observable behaviour of the child.

1.4 CONTEXT OF THE STUDY

The data in this research report was collected from children residing in children's homes as well as children accessing governmental mental health care. Studies in children's homes have shown that due to the regimented structure, the care to child ratio and changes in caregivers can prevent the child from receiving optimal care (Bakermans-Kranenburg, van Ijzendoorn, & Juffer, 2008).The nature and organisation of the homes visited in the study varied dramatically in nature. This was also affected by the size of the home and the number of children residing there. One home visited by the researchers was based in a large house where all the children lived together and had taken on the surnames of the caretakers. Care was undertaken by many volunteers and older children. In contrast, another home presented with a much larger design and was divided into individual households with each house presenting a family unit. The caretaker resided in the house in private quarters, sometimes with children of their own and took on the responsibility of care of the children. The home resembled a large enclosed neighbourhood with houses separated by fences. Of course each home presented with a different ambiance and culture, also possibly affected by the dominant race and language and culture of the children living there as well as the caretakers. The demographic of homes visited ranged from predominantly white Afrikaaans speaking homes to homes where English speaking black children resided. In terms of children seeking hospital care, difficulties range from hyperactivity to defiant and psychotic behaviours. At the root of many of these issues lies a dysfunctional or inappropriate home environment with insecure attachments (Lee & Hankin, 2009; Poehlmann et al., 2008; Sroufe, 2005). This shall be discussed more in the literature review section.

While there is much research into the negative effects of institutionalisation on children (Muris & Maas, 2004; Abela, Hankin, Haigh, Adams, Vinokuroff, & Trayhern, 2005; Clover & Gardner, 2006), very little has focused on the experience of the institutionalised child in South Africa, which as can be seen from above, presents a mixed and varied sample.

1.5 THE STRUCTURE OF THIS REPORT

The two main aims of this research is to identify additional themes occurring within the ASCT as well as to then provide additional information about the psychological experience of the child using object relations theory. As such, the information shall be structured in the following way. At the start, the literature review will provide an analysis and summary of the current understanding and measurement of attachment in middle childhood as well as an understanding of the object relations perspective. The methods section will then detail the way in which data was collected and analysed, as well as providing further details on the sample group from which it was collected. Following this, the results will present the themes identified in the story stems. Examples of each identified theme will be provided and a detailed analysis of each example will follow, demonstrating how the example signifies the theme. Also in this results section, the identification of additional categories of attachment shall be provided and the characteristics of each additional category demonstrated using examples from the stories.

Following this results section, the discussion shall then be divided into two main sections. Firstly, the overall outcome of the results and the possible consequences of these results on the categories of attachment shall be discussed. This will include the identification of the additional categories and what implications this may have for the nature of attachment. Subsequently, themes identified in the results section, including the additional categories, shall be analysed using an object relations perspective.

Finally, the implications of the above discussions, both of additional results and themes of object relations, shall be deliberated along with identification of areas for future research and limitations of current research.

CHAPTER TWO: LITERATURE REVIEW

Bowlby's theory of attachment was developed around observations of children who experienced minor separations from their parents, such as due to brief hospitalisations (Bowlby, 1977). The infants responded to this separation with the developing stages of protest, despair and then detachment. The sample represented by the children's home data in this study has undergone a separation more severe and permanent than the minor one discussed by Bowlby. In addition, the quality of care before the separation from the parent is unknown and is assumed to be of questionable quality, resulting in the removal of the child from the home. In this study, the hospital data does not represent an inpatient sample but rather protocols were collected from outpatients, thus no known separation has taken place. However, a majority of the samples collected were characterised as having an insecure attachment. Out of the total number collected, only three were categorised as secure. The children in this sample may be accessing the governmental mental health care system for any number of reasons, such as hyperactivity, disruptive behaviours or poor school performance. Childhood difficulties and insecure attachment go hand in hand, as discussed in the literature below. The literature below discusses the development, meaning and measurement of an insecure attachment, what effect this may have on the relational and psychological development of the child as well as how object relations can contribute to this understanding.

2.1 ATTACHMENT QUALITY

'Attachment can be defined as the emotional tone between children and their caregivers and this is evidenced by the infants seeking and clinging to the caregiving person, usually the mother' (Sadock, Sadock, & Levin, 2007, pp 144). Mary Ainsworth developed the *Strange Situation* in which to assess the interaction between mother and infant. She was able to differentiate responsive mothers from unresponsive mothers and their infants' reactions to them (Ainsworth, 1985). This is the quality of attachment. The attachment quality has important implications for the future functioning and development of children and remains relatively stable and unchanging through adolescence and into adulthood (Green at al., 2000). Through repetitive, daily interactions with the caregiver, a pattern begins to form which becomes internalised into a mental representation or a working model (Bowlby, 1969). These internal working models are vital in other phases of life and dictate the nature of future relations with those around us, such as peers and partners (Ammaniti, Van Ijzendoorn,

Speranza, & Tambelli, 2000). Some research has suggested that attachment and internal working models stabilise and become fairly resistant to change during the first 6 years of life while other research has suggested that the first six months presents a critical period for the formation of internal working models and ego development (Ritvo, 1962). Not all attachments, however, are secure. Attachments can be categorised as A) avoidant, B) secure, C) ambivalent and D) disorganised. Difficulties begin to arise around the infant's understanding of the mother's availability (Cassidy & Berlin, 1994). In the ambivalent attachment, because the infant begins to doubt their mother's availability, attachment behaviours, such as crying, clinging and following may be escalated and monitoring of the mother is enhanced (Cassidy & Berlin, 1994; Senior, 2009). The ambivalent child fears being dependent upon a parent whose availability they experience as unreliable. Ambivalent children thus respond to their parents unavailability with aggression and an escalation of emotions, in an attempt to engage the attention of their parents. Thus the impression of an ambivalently attached child is one of fluctuating, volatile relationships with escalations in moods and behaviours (Granot & Mayselles, 2001). Avoidantly attached infants may ignore their caregivers when distressed and seem to need less reassurance. They present with a flat or minimising affect in response to arousing situations. In fact, however, studies have shown that these children show the same levels of anxiety as securely attached infants, yet they have learnt, through the repetitive distressing or dismissive response by parents to the child's emotions, that comfort will not be forthcoming (Waters, et al., 2010). The avoidantly attached child has learnt that in order to maintain proximity to the caregiver, it is best to maintain a distanced and artificial relational style. According to Bowlby (1969), these insecure attachments are functional in the context of the mother-child dyad. Attachment strategies develop in order to maintain proximity to caregivers who can provide safety and avoidantly and ambivalently attached infants have learned over time that the best way to maintain proximity or elicit comforting behaviours from their caregivers is to either increase or deny their distress respectively (Bowlby 1969). In addition, these strategies serve a complementary function. They keep infants who are experiencing extreme anger as a result of rejection and inconsistent parenting away from parents and the anger suppressed. This can be seen, for example, in ambivalently attached children. If expressed against the caregiver, this anger could be detrimental and damaging to the relationship (Fergusson, 1998; Ontai & Thompson, 2008). However, the nature of the categorical classification of attachment relationships has been questioned by some researchers such as Fraley and Spieker (2003). When using a statistical analysis, they identified that in fact attachment does not exist categorically but rather on a dimensional scale. They suggested the addition of two dimensions. The first makes provisions for children who experience less fear than traditionally viewed avoidant children when approaching caregivers. The second dimension is for

children who experience less anger and resistance than traditionally accepted ambivalent children when the attachment system is initiated. Fraley and Spieker (2003) suggest that this may be due to inconsistencies in caregiving and also the conflict that is inherent in insecure attachment. There are also suggestions in the research about the temperament of the child and how this may affect the actual nature and variability of the attachment relationship (Fraley & Spieker, 2003).

While secure attachments are categorised by emotionally available parents, insecure attachments have been found to be associated with high levels of maternal depression (Easterbrooks, Biesecker, & Lyons-Ruth, 2000) and insecure attachments in children have been shown to be related to anxiety and depression in adolescents (Lee & Hankin, 2009; Abela, et al., 2005). In addition, Bowlby suggested that insecure attachment lies at the centre of disordered personalities and has emphasised the connection between specific pathologies in relation to specific categories of insecure attachment. Sroufe (2005) found that while a secure attachment is not a guarantee of mental health, it was certainly a promoting factor and a mediator in times of stress and the opposite is true for insecure attachment. While it is not a guarantee of pathology, it certainly increases the probability of pathology. Sroufe (2005) puts this down to the ability of the secure child to be able to make stable and lasting connections with others around them, thus forming a protective and supportive social network. A number of studies on the impact of an insecure attachment report results such as increased internalising as well as externalising difficulties such as aggression, noncompliance and hyperactivity (Donenberg & Baker, 1993). Other researchers have identified characteristics of children with insecure attachments as being more dependant and less self-reliant (Sroufe, 2005; Bartholomew, 1990; Cassidy & Berlin, 1994). In addition, research has found that individuals with insecure attachments were unable to experience themselves as capable in the face of stress and intense emotion but rather experience the self as falling to pieces or becoming inhibited. This suggests that people with insecure attachments are unable to self-regulate and Sroufe (2005) attributes this to the lack of a mother in whom the child could trust to regulate their emotions for them.

While disorganised attachment is classified as insecure, it is the only attachment that is not considered an adaptive or functional strategy. In fact, it results as a loss of strategy completely for approaching caregivers and is often a result of having many caregivers or abusive or neglectful caregiving relationships. Disorganised children may display characteristics such as role reversals or chaotic behaviour and may even present with a mixed style of avoidant and ambivalent attachments (Granot & Mayselles, 2001). Disorganised attachment has the highest correlation with more severe pathology (Lee & Hankin, 2009). It is clear that insecure attachment presents an important area for

researchers as well as health care workers in which pathology may be located. An important part of this for Bowlby was that the quality of the attachment depicted how acceptable or unacceptable the person is in the eyes of their caregiver (Bowlby in Easterbrooks & Abeles, 2000). Cassidy mirrored this belief by stating that through the quality of attachment, the person believes themselves as either worthy or unworthy, thus having a great effect on their self esteem (Cassidy & Berlin, 1994). Blatt and Levy (2003) describe insecure attachment paradigms as either desperately seeking to maintain contact or trying desperately to avoid it. This conception of moving away from or towards the other is reminiscent of characteristics concerning insecurely attached children, particularly in their inability to regulate emotion and of others' experiences of them as being dependant (Cassidy & Berlin, 1994). This suggests that the child feels he is unable to cope on his own, separated from the caregiver. On one hand the caregiver has been unable to demonstrate coping strategies for functioning independently, yet on the other hand the child fears losing their independence if they do not separate, thus creating a dilemma for the child.

As children mature in age, we can begin to see the effects of positive attachment in their social experiences and changes in the nature of attachment. Securely attached children in middle childhood are able to hold a positive history of the caregiving relationship in mind as they develop and are increasingly able to integrate positive and negative emotions (Ammaniti, Van Ijzendoorn, Speranza, & Tambelli, 2000). This means that when in distress, the child is able to willingly and symbolically recall the caregiving relationship without actually needing to return to the safe base. Also, as children age, they are more able to demonstrate more advanced language and cognitive abilities, to be able to play symbolically by making representations and represent mentally as well as able to verbally describe their caregiver's responsiveness (Sroufe, 2005). Children in middle childhood who have a history of secure attachment were experienced as more physically and cognitively competent by their teachers and were more socially accepted by their peers (Easterbrooks & Abeles, 2000). Bowlby (1969) hypothesised that children in middle childhood begin to show a reduction in attachment orientated behaviours, that is a reduction in the need for physical proximity and the use of the caregiver as a safe base. As children mature they are more able to handle stressful and 'dangerous' situations and show greater self-reliance. In addition, the attachment behaviour may be able to be executed through such action as a phone call, rather than actual physical proximity. Yet importantly, the availability of the caregiver becomes the central focus of attachment, despite older children showing a preference for wanting to spend time with peers (Kerns, Tomich, & Kim, 2006). It is important to note that this preference for contact does not necessarily constitute attachment behaviour, as demonstrated in Kerns et al. (2006), when in distress, older children still prefer to contact a caregiver rather than a peer. Secure attachments with

caregivers have been found to have more positive correlations with peer acceptance and lower levels of victimisations and rejection by peers and secure attachments with family members and siblings may act as pathways for future attachments with peers. In addition, secure attachments may promote the friendships of the child by creating a supportive environment (Diener, Isabella, Behunin, & Wong, 2008; Franco & Levitt, 1998). In fact, peer relationships become increasingly important to children in middle childhood as they provide opportunities for skill acquisition through egalitarian relationships, such as conflict resolution, communication and perspective taking. Family support, specifically the support from parents, has been found to contribute to the quality of the friendships (Franco & Levitt, 1998). While assessing infants for their attachment experiences may prove quite difficult and costly as often laboratories and observers are required, assessing the internal working model of the child in middle childhood may present as more practical. By the age of six to eight, children can generally describe themselves in terms of the psychological characteristics which they believe to be stable (Easterbrooks & Abeles, 2000).

2.2 Measuring Attachment

There are many differing ways in which to measure attachment. The Strange Situation exists as the pinnacle of assessing attachment for infants (Clarke-Stewart, Goossens, & Allhulsen, 2001) although there are some difficulties when used in varying contexts, such as the availability of laboratories and observer expectations. Similar assessments also exist based on the Strange Situation, such as the Attachment Q Sort (AQS) and Strange Situation Procedure (SSP), which both rate the child's behaviour after a separation from the parent and the use of the child as a safe base (Smeekens, Riksen-Walraven, & Van Bakel, 2009).However one system, the SSP, makes use of an induced stressful situation such as the separation of child from the mother , while the other, the AQS, assesses the child's exploratory systems. Clarke-Stewart et al (2001) questioned the validity of the emotional response of infants to returning mothers and suggest it may merely be an angry reaction to abandonment. Children above the ages of three to four do not need physical proximity to their caregivers in order to feel secure and have the ability to hold mentally, verbally describe as well as demonstrate in play, the relationship to their caregiver (Gloger-Tippelt, Gomille, Koenig, & Vetter, 2002). With such developments in cognition, social organisation as well as attachment, a method is required which is able to tap into the internal working models of children in this age range, through verbalisations, play and symbolism. Therefore, the use of such attachment measures becomes redundant for older children. According to Easterbrooks et al. (2000), attachment quality in middle childhood is not viewed through actual behaviour but rather in the general organisation, coherence or behavioural patterns. One such possibility exists in the Seperation Anxiety Test (Kaplan, 1985),

which presents the volunteer with six picture cards depicting mother-child separations. The child is asked how the child in the picture feels and what the child in the picture is going to do. The stories are then classified on a 9-point scale for characteristics such as coping strategies or disorganised behaviour (Easterbrooks & Abeles, 2000). However, the stories above assess only the child's response to a departing parent while perhaps more information could be gleaned across a variety of settings for the older child. Another possibility may exist in the form of a questionnaire, for example the Coping Strategies Questionnaire. This questionnaire assesses styles of relating to the mother as well as to stressful situations The items are then assessed for attachment styles (Karavisiliis, Doyle, & Markiewicz, 2003).

Many researchers have explored the merits of Story Stem Techniques for this purpose. In Green et al. (2000), Story Stem Techniques are discussed as being highly appropriate for children in this age range. These techniques elicit age appropriate attachment-related play, encourage child identification with the doll figures and also elicit a certain degree of anxiety, which is necessary for the induction of attachment related behaviours. This activates the need for a 'secure-base' and safety from stress or danger (O'Connor & Byrne, 2007). This anxiety is achieved through the use of emotive talk on the part of the researcher and the introduction of a mildly stressful family event (Page, 2001). In addition, the story stems elicit narrative information from the child while also providing a system from which to classify attachment quality (Kerns & Seibert, 2011). Another benefit lies in the ability of the test to provide measures that compensate for shortcomings in children's verbal abilities, through the symbolic play with the dolls (Page, 2001), which is not provided for in the Separation Anxiety Test or the Coping Strategies Questionnaire. In addition, the use of play and dolls may incite more emotional investment than rather just the presenting of pictures or filling out a questionnaire. Also, the interaction with the dolls allows the volunteer some separation from the attachment crisis being demonstrated, as opposed to a questionnaire which may be relatively transparent and anxiety inducing to an insecurely attached child who is already unable to express their emotions.

The ASCT assesses for the attachment style of the child in middle childhood by using a family of dolls. The dolls are used to enact various attachment scenes. Examples include spilling juice on the table, the child hurting his knee and the departure and then reunion of the parents. Children are asked to complete the narrative and demonstrate using the dolls. The ASCT may then be analysed via a narrative coding system which has good reliability and validity and is empirically as well as theoretically based (O'Connor & Byrne, 2007). The ASCT has been positively correlated with the Strange Situation classification at 13 months and also showed significant agreement with the

Manchester Child Attachment Story Task and Separation Anxiety Test (Green et al., 2000). According to Poehlmann (2005), the story stem technique has been validated for children from middle to low socioeconomic backgrounds who have experienced family disruption. In previous research it was found that children who presented with prosocial and other related themes in their ASCT story stems had fewer incidences of externalising behaviours (Poehlmann, 2005). On the other hand, children who were classified as insecure on the ASCT also had lower scores of emotional understanding as well as higher incidences of depressive mothers (Grieg & Howe, 2001). Children who had experienced violence in their families have showed negative themes around their mothers as well as the self and have also displayed violent themes and family conflict in their story stems (Peohlmann et al., 2008). Narrative coding procedures of the story stems or coding based on the verbal content of the story, may include the analysis of the process of storytelling, e.g. was the story coherent and did it come to a logical end as well as the actual content of the stories, for example the presence of violence. Representations of attachment may then be assessed as a whole, using both the content of the story, the behaviours of the child as well as actions towards the researcher, for example whether the child engages with the dolls or not and is emotive and responsive during the assessment (Poehlmann, 2005; Toth, Cicchetti, Macfie, Maughan, & Vanmeenen, 2000). Such coding or narrative techniques will analyse the data sets for representations of social relationships within the narrative responses (Page, 2001), for example is the mother depicted as available in the narratives or is she presented as dismissive or even abusive and punitive towards the protagonist. These relational representations are in fact the projections of the internal working model onto the story stems, in other words the content of the narratives actually reflects the content of the internal working model (Oppenheim & Waters, 1995). In this way the ASCT assesses for the internalised attachment relationship of the child in an indirect and non threatening manner. According to Page (2001), three levels of analysis can be inferred from the narratives. Firstly narrative process themes reflecting the overall structure of the story stems, for example coherence, negative and positive resolutions to problems presented in the stories and specific interactions between characters, for example does the situation return to normal levels after the presented crisis in the story or does interaction between characters dissolve into chaos. Sub levels of analysis may include benign resolutions versus violence and danger for example physical violence between characters or death; emotional expression and level of elaboration: does the child give a fully rounded story or is the narrative short and terse. Content themes account for specific narratives and interactions between figures, such as the mother completing the homework for the child, the child hitting the mother etc. In this level, sub-themes may include the parent as nurturing or abusive, the quality of punishment and enforcement of rules; communication between characters around emotion; parents as a source

of safety and the self worth of the child. Finally, the last theme is interaction with the examiner and this can range from direct, open interaction to controlling or avoiding behaviour. These three overarching themes reflect the levels at which inferences can be made, that is the actual content and concrete interactions between characters to the symbolic context of each story. One issue to consider is the inclusion of defensive exclusion in the narratives. Defensive exclusion occurs when information that is too painful for the child is kept out of their awareness and narratives. This becomes particularly difficult in the ASCT narratives, as the stories are requesting the children to attend to the exact information they are attempting to exclude and the result is an incoherent narrative (Waters, et al., 2010). One theory is that defensive exclusion results as difficulties in communication between parent and child (Bretherton, Ridgeway, & Casidy, 1990). Bowlby (1969) suggested that parents may, in some circumstances, attempt to pressure their child into excluding or distorting some information. Examples may be where a family member has committed suicide, yet parents insist that this is not so, distorting the understanding of the child or where there is sexual abuse on the part of the parent, creating a massive discrepancy between what happens and what is actually discussed (Oppenheim & Waters, 1995). Another understanding may be that some parents fail to provide the support and holding environment for difficult emotions that children require in order to process such feelings, resulting in defensive exclusion (Waters et al., 2010).

2.3 Themes Emerging From Attachment Classifications from the ASCT

While Page (2001) may suggest overarching theme categories, the ASCT has been used in multiple studies in order to extract more specific themes emanating from varying contexts of childhood development and qualities of attachment. Securely attached children are likely to display more open communication and coherent emotional dialogue (Easterbrooks, Biesecker & Lyons-Ruth, 2000; Oppenheim & Waters, 1995). In addition, children classified as secure presented parents as available with warm interactions and Oppenheim, Emde and Warren (1997) also found that narratives portraying mothers as more warm, less hostile and showing appropriate discipline were associated with fewer externalising problems in children. However, children classified as insecure gave incoherent story lines, were not able to bring the story to a resolution or avoided the stories completely (Oppenheim & Waters, 1995).

In terms of separation from the mother, Poehlmann (2005) found that children with incarcerated mothers suffered from long periods of separation and showed narratives flooded with ambivalence, disorganisation, violence and detachment. These themes resemble similar findings by Bowlby (1977) in his initial research into brief separations from the parent but may present on a larger and more

severe scale. These effects were ameliorated by the surrogate care of an empathic and nurturing caregiver, but conversely were often exacerbated by multiple changes in the caregiving situation. In her 2008 study, she looked at the effects of caregiving by grandparents (Poehlmann et al., 2008). Many children land up living with grandparents due to a myriad of factors such as inappropriate parental care, divorce, abandonment, economic issues etc. The nature of the new attachment relationship is filtered through the lens of the internal working model of the child yet a caring and nurturing relationship can have positive effects, such as fewer incidences of externalising problems. Children in these situations may present with less optimal family narratives when grandparents suffer from depression, health issues and parenting stress. This corroborates findings by Bakermans-Kranenburg, van Ijzendoorn, & Juffer (2008) who discuss how institutionalised children suffer from detachment and delays in development. They report that the earlier an adoption or foster care home can be arranged, the better the chances of the child for catching up delays and ameliorating the negative effects of separation. In terms of separation due to divorce, children may suffer from feelings of loss and alarm. Emotional difficulties may be exacerbated when the separation is hostile and children become caught in the middle of parental conflict (Page & Bretherton, 2001). Similarly, Page and Bretherton (2003) found that when applying the ASCT to children in hostile divorce situations, interesting gender differences emerged with girls displaying more nurturing behaviours, while boys were more prone to violent enactments. In both girls and boys, violence depicted towards the mother or between parents correlated with poor social competence and more social problems. A clear theme running through the literature above is the injury depicted in the narratives of the ASCT when a separation from the parent has occurred, either due to death, divorce or incarceration. While the effects of a separation may be bettered through the care of an attentive caregiver, many children may not have this advantage as they enter into less than ideal home situations. One is reminded of the scenario of many child headed homes in South Africa, where older children are left to look after the younger ones after the death of a parent due to HIV/AIDS. In a case such as this, the child may be suffering from the shock of a separation while entering into a less than ideal care situation.

Family has been found to be very important in determining the quality of peer relationships in middle childhood. In analysing the effect of parenting styles on representations of family relationships, Liable, Carlo,Torquati and Ontai (2004) found that parenting styles had an effect on relationships, which in turn reflected children's social competence. It was found that parenting styles depicted as warm elicited themes of empathy, affection and reparation, whereas cold and negative parenting elicited aggressive themes and conflicted relationships. These children in turn were reported as having more externalising problems by teachers. Page and Bretherton(2001) found that

child-mother attachment behaviours were the strongest predictors of peer relations. Those children who portray role reversal in their story stems tended to be at higher risk for emotional and behavioural problems, such as those with peers.. This data seems to demonstrate and possibly confirm the effect of the internalisation of the early caregiving relationship and the presence of an internal working model which serves as a blueprint for future relationships. When the internal working model is of a troubled and conflicted relationship, it appears that this then extends to relationships with peers.

According to Toth, Maughan, Manly, Spagnola and Cicchetti (2002), abused children tend to develop negative representations of both their caregivers and themselves. These children are more likely to manifest with disorganised attachment. Story stems are likely to evidence negative self and maternal representations and narratives where parents are less caring or unresponsive to distress. In addition, their narratives were found to have higher conflictual themes. Bowlby (1973) draws a distinction between functional and dysfunctional anger. When the child is not met with protection but rather with separation, fear or role reversals he responds with an increase in anger and anxiety. Bowlby says "Instead of being ready to mother her child, she looks to her child to mother her. . . .when her child fails to oblige and starts crying, demanding care and attention, she gets impatient and angry with the child" (Bowlby, 1984, p. 16). Also, the child may wish to escape from his family, the source of fear but is unable to, thus leading to a continued attack on the source, the caregiver. Without the direction and limit setting of the caregiver, the child's anger may spiral out of control and become dysfunctional. In a very interesting study analysing the narratives of story stems of children with psychosis in a hospitalised sample, Goodman and Pfeffer (1998) categorised disorganised attachment into 4 subcategories with distinct story characteristics. The direct-aggressive outward type was characterised by extreme violence towards both parents and aggression out of context of the story. Direct-aggressive inward type would display parent's rage and aggression towards the storyteller, who was displayed as a helpless victim. Again this was out of context aggression. The indirect-aggressive pseudosecure type would narrate stories which were seemingly secure yet parents were displayed as inept or dangerous and the children were constantly exposed to danger. Finally, the indirect-aggressive displaced subtype would narrate stories where extreme violence would occur on the part of the parent, but it was always indirect or diverted onto another character. The protagonist themselves was never violent. A similar theme was discovered by Lyons-Ruth (2001) who identified two types of disorganised attachment labelled Disorganised approach (D-Approach) and Disorganised –Avoid (D-Avoid) which they linked to differences in quality of care and forms of early trauma. From the suggestions in the literature above, it appears that difficulties in the attachment relationship of the mother are passed down intergenerationally to

the infant. Much research has investigated this (Fonagy, 2001; Osofsky, 1995). In addition, disorganised attachment is clearly presents as a complicated concept with more room for research which may present with more intricacies.

2.4 The South African experience of Attachment

Research indicates that the ASCT has been used in numerous studies in a multitude of contexts, yet there are very few if any applications of this assessment in South Africa, one being the current doctoral study at the University of the Witwatersrand (Gericke, 2011). South Africa presents an interesting context as it is characterised by high levels of inequality and poverty. Additionally, the effects of these circumstances in South Africa have led to adverse effects on the youth, with high infant mortality rates, high school dropout rates and criminality, gang involvement and homelessness (Tomlinson, Cooper, & Murray, 2005). In addition to these problems listed above, many families may be struggling with financial difficulties as well as traumas and losses due to HIV/AIDS. Research suggests that families living in dangerous conditions experience higher rates of insecure attachments due to incidences such as crime and external concerns such as finances and poverty and health as well as high levels of maternal psychopathology for example (Crittenden & Claussen, 2000). However, Crittenden and Claussen frame the development of an insecure attachment more in terms of adaptive survival strategies rather than a comparison to more securely attached children. In this way, the adaptive quality and functional element of the insecurely child is recognised.

One study has analysed the attachment qualities of infants to mothers residing within the South African townships, using the Attachment Q-Sort (Minde et al., 2006). It was found that the internal representations of the mothers around attachment required a culturally specific coding system. In fact, their research yielded results of extremely high rates of insecure attachment (67%), which they suggested may have been due to cultural bias within their testing measures (Minde et al., 2006). In another, similar study of mother-infant attachment in a peri-urban setting, Tomlinson and Murray (2005) found low incidences of insecure attachment and in fact two thirds of their data set was securely attached. One of the behaviours they attribute this to is the habit of this population of carrying their infants on their backs. In contrast, the remaining sample of insecurely attached children were found to be predominantly disorganised, thus accounting for high levels of disorganisation in their study. Tomlinson and Murray et al (2005) suggest that psychosocial stress, induced by issues such as high levels of HIV/AIDS, violence and family abuse as well as maternal preoccupations may account for this. This particular study involved the method of filming

interactions between mother and infant and then coding them. A similar occurrence was found when analysing the attachment relationships of infants to mothers in Khayelitsha, an informal, peri-urban settlement (Tomlinson, Cooper, & Murray, 2005). This study discovered that there were lower rates of insecure attachment than expected among mothers and infants in Khayelitsha. The researchers suggested this may be due to the closeness of the community as well as the smaller living conditions which led to mothers and infants sharing a bed and often a room during the day. Similarly, another study by Tomlinson et al. done in the same year (2005) investigated how maternal depression affected the infant mother relationship and thus feeding, no significant relationship was found between the birth weight of the infant and the presence of maternal depression. All the research above seems to suggest that there are systems in place in the South African context, at least in the context of a peri-urban settlement such as Khayelitsha which negate the effects which lead to insecure attachments. Some suggestions around this have been made by the researchers above. However, one predominant factor which must be held in mind when considering the context of a settlemnt such as Kayelitsha is the sometimes extreme poverty that is endured by many residents. Emotional difficulties occur more frequently among poor children compared to children in the higher socio-economic sectors, with a high incidence of depression and anxiety as well as conduct problems and academic difficulties and this is particularly true for children living in poor conditions in South Africa (Barbarin & Richter, 2001). Associated with poverty is a high incidence of violence which may have detrimental effects on children in these communities, such as an anxious attachment and acting out behaviours (Barbarin & Richter, 2001). This is supported by studies by Jewkes et al., (2010) who found high incidences of neglectful and/or abusive situations in rural South African children which also led to higher incidences of HIV infection. In addition, Slopen et al., (2010) have found that these traumatic effects, such as extreme poverty and children headed households, have long reaching effects into adulthood and may account for much of adult disorders. Another prevalent issue in South Africa, and one researched by Clover and Gardner (2006) is one of the health and other issues facing AIDS orphans in South Africa. These orphaned children are often cared for by extended family, grandparents, older children or they may resort to living on the streets. Actual attachment was not one of the factors that were measured as affecting these children but other issues such as behaviour problems, emotional difficulties and peer problems were found to be prevalent. These are issues that research has shown to be related to and affected by attachment. Although no attachment themes exist for this sample, we can refer back to similar international studies in order to infer possible themes. For example, themes emerging from Poehlmann's (2008) study of attachment in grandparent headed households may have some overlap or congruence with the South African context. Again, context is vitally important in considering the quality of care a well

as other factors that contribute to a safe and caring childhood environment. Lamb (2005), reminds us not to to forget the imporance and effects of other close childhood relationships, such as that of child to father and siblings or extended family or perhaps child to adult care provider, often fostered while mother is at work, for example. This is indeed a pertinent consideration for a South African sample where domestic help is commonplace.

Issues such as these could be considered to have detrimental effects on the attachment relationship between parent and child (Bowlby, 1984; Poehlmann, 2005; Poehlmann et al., 2008; Minde, Minde, & Vogel, 2006). For the poorer child, in many situations the caretaker is unable to be present due to death or illness. As has been suggested above, when the caretaker is present, there may be such issues as survival, fear of crime and need for resources that prevent the maternal reverie necessary for a secure attachment. In addition, parents facing these difficulties on a daily basis, as well as possible additional factors associated with poverty such as abuse, could be considered to be operating in a defensive or paranoid schizoid mode. This has far reaching effects not only for the attachment of the infant but also for their object relations as the caretaker is not able to provide the good enough mothering needed by the child, as explained in earlier sections.

Attachment is clearly a vital factor that contributes to many aspects of development throughout the lifespan of the individual. South Africa offers a wide variety of contexts and cultures in which attachment occurs and also provides a context for the study of children particularly at risk due to adverse conditions, which is the focus of this study. Children in homes find themselves in adverse conditions due to a number of reasons, such as the number of children needing specialised care and corresponding number of caretakers. In hospitals, children are experiencing a range of issues associated with poor care and home environment, often linked to insecure attachment. What is clear from the review above is that attachment is a serious issue and its effects need to be considered in the South African context. Using the ASCT as a tool for qualitative analysis may provide additional data into the lives and experiences of an insecurely attached child at risk in South Africa. In addition, applying an object relational analysis may also provide insight into the relational functioning experienced by this child. A multidisciplinary analysis such as this also helps to marry sometimes conflicting but connected and related theories in order to provide a deeper understanding of the experience of the child.

2.5 Object Relations

> *The quest for attachment progresses genetically from the infant's need for contact with the mother's body, to other people and finally to wider units, such as family, groups and*

> *community. True object relationships occupy an integral and central part within this spectrum of relatedness and attachment* (Ritvo, 1962, p. 102)

Attachment theory is not traditionally a psychodynamically orientated model; in fact Bowlby, although trained as a psychoanalyst, based his theory on observable behavioural traits and eschewed the backwards deduction processing used by analysts such as Klein and Freud as well as the emphasis placed on instinctual drives. However, the models of Attachment and Object Relations may overlap quite significantly in some areas. While attachment theory may serve to explain the outcome of the interactive system of mother and child, it does not assist in understanding the internal psychological processes that may occur within this system. Object relations aims to explain the internal world of the child and their experience of their objects, usually the mother, and how these objects become internalised into the infant. These internalisations exist as representations within the infant and are conveyed in the unconscious life of the individual (McWilliams, 1994). Object relations may offer to the reader a perspective on what is the perceptions, emotions and internal experiences of the infant during the early developmental years and how the internalisation of the very first relationship between mother and child may serve to affect future interactions (Ainsworth, 1969; Engel, 1971). In addition to clarifying the internal world of the infant, say with an avoidant attachment, object relations may also help to explain what is the internal anxiety of this avoidant infant, what defences are used by the infant in this position, how these defences effect the relationship with his caregiver and others as well as how the anxiety of the avoidant infant resolved. Blatt et al. (2003) describes the similarity between the separation and individuation of attachment and the self definition and engorgement anxiety of object relations. The central issue for both object relations and attachment thus becomes one of connectedness to the object/caregiver vs. self sufficiency and independence, creating a push and pull effect for both object relations as well as attachment as the caregiver/object plays a central role in togethernes and separation in both instances. In terms of object relations, there is always a need to be connected and a part of the object and yet a constant fear that the self will become swallowed and disappear. In attachment as well as object relations, the difficulties become apparent and more extreme when considering psychopathology. This is best seen as the push that is characteristic of avoidant attachment, the desperate seeking of attention in the ambivalent attachment and the pendulous balance of the two in the borderline personality (Blatt & Levy, 2003). A successful relationship to the object provides for the release of instinctual drives and the provision of an ego that is strong enough to withstand the anxiety of seperateness vs. connectedness. The mother's own attitude and mental state is vital for this development. Many writers have discussed the intergenerational transference of the internal working model but Fonagy (1993) conceptualises this in terms of the reflective function of the

mother and her ability to think of the infant as a separate being with emotions and needs of their own. A mother who is able to mentalise her infant is better able to act as a container for the thoughts and feelings of her infant, processing them into digestable units. Fonagy (1993) decsribes in his paper how even in situations of abuse and trauma, high reflective functioning by the mother may act as an ameliorating factor.

Klein (1946) explains how, while the ego of the infant is still too immature to function, the object provides for the infant a sense of containment, integration and identity, until the ego becomes mature enough to begin to function on its own. When this occurs, the ego of the child is used to master internal as well as external situations and learn skills gleaned from experiences. This is a circular process of development whereby the initial help from the object allows for the successful bolstering of the ego which allows for future development. If the initial object fails to provide identity and integration, the weakened ego cannot master experience and fails to grow developmentally. The process of identity formation becomes faulty. This may lead to a fixation of the ego on this part of development and the use of primitive mechanisms such as denial, projection and splitting as well as prevent separation and individuation from the obect (Rubinfine, 1958). Denial is described by Rubinfine as the earliest attempt at preventing object separation by inhibiting the incitement of painful affects, which may result in aggression and thus object loss.

Klein describes the paranoid schizoid position as the early point for the infant in which intense primitive anxieties are experienced and specific defence mechanisms are employed. Successful navigation of the paranoid schizoid position leads to development and appropriate functioning in the depressive position, in which more anxiety is tolerated and more mature defences are used.

Klein describes the mechanisms of projective identification as:

> "*Projective identification is the basis for many anxiety situations of the paranoid nature. Since projection and introjection operate simultaneously, paranoid anxieties focus on persecution within the self and within the object which the self has forcefully entered. The attempts to control an external object by entering it give rise to the fear of being controlled and persecuted by this object*"

She later says about introjection:

> "*Round the primary good objects cluster the parts of the self which are then as it were held together by this strong identification. If it is not strong enough, the great need of more and*

> *more identifications, anybody is taken in, and the connection between this and the unselective throwing out again and dispersing again"*

In the above quotes Klein describes how introjection and projection are complementing defences, used simultaneously. The infant projects out parts of the self experienced as bad, into the caregiver or object. The object containing the bad parts of the self is thus experienced as bad and the infant wishes to control and destroy this object. However, projective identification gives rise to the fear that the object wishes to do the same and control and destroy the infant. As mentioned in the former quote, projection does not happen in isolation and the re-introjection of this anxiety and those bad parts of the self gives rise to anxiety within the infant. This is just one experience for the infant and in this phase the object is split, with projections and introjections of good experiences occurring as well. In the ideal situation, there exists for the infant a predominance of good caregiving experiences over bad and thus introjection of the good outnumbers the bad. In this way, the ego of the infant is able to grow in strength and rely less on primitive defences in order to protect itself (Klein, 1946). In the latter quote, however, Klein describes how if the internalisation is not secure and in cases where caregiving is lacking, the ego is unable to grow and develop. Thus the individual, continuing to rely on primitive defences in the face of an adverse situation, resorts to more and more forceful internalisations and projections and the projections of the self become fractured and splintered (Spillius, 2012). In order for these initial mechanisms to be successful and the infant to develop a robust ego able to withstand anxiety, there needs to be present a mother (or caretaker) who is able to receive the projections of her infant. The projections are able to be thought through and tolerated, then given back to the infant in an acceptable form. He then introjects his altered, manageable feelings. This mechanism is what Bion described as container/contained (Waddell, 1998). Bion further explained how various failures in the containment of the infant may result in more forced and splintered projections in attempts to destroy the mind of the self and the other (Spillius, 1988). These splintered projections may continue to exist, outside of the body as indigestable, bizarre elements.

Grotstein (1978) conceptualised the act of containment as the creation of an inner and outer psychic space, which is able to hold both the self representation and the object representation, or the container of the self. This is delineated by the skin, which acts as the boundary between the object and the self and is stimulated in the infant through sensations such as touching and physical holding. Psychic space provides the area in which thoughts can be manipulated and examined. He likens this to a psychic workbench. This creation of space via containment also allows for greater degrees of

differentiation between the self and the object, allowing for further tolerance of separation and eventually the creation of the ego identity and the self.

However, in the case of failure of containment the infant will have to re-introject his orginal projections. These may have become fragmented and now worsened because of the addition of his mother's own emotions of distress and inability to receive her infant's projections (Waddell, 1998). In this failure, the infant may experience the container as defective or non existant and thus unable to receive projections. This serves to further the lack of differentiation between the self and the object, thus failing to create the necessary space for separation and perception. Joffe (2008) decsribes three forms of faulty containers and their effects. The refusing container will not allow projections inside. This creates the internalisation of a wilfully misunderstanding object which leaves the infant with thoughts as terrifying and bizarre unprocessed elements. The infant increases projections in an attempt to enter the container. The infant itself cannot tolerate this and so refuses to allow thoughts to enter into itself. The defective container is unable to hold onto the projections of the infant, and the projections overwhelm, spill or leak out of the container. The result of the projections for the mother and infant is a disintegration of the self. The final failure is the non existent container, which gives the sense of projections into an endless, limitless void. Eventually projections desist because they are futile and the infant is left with no container and no skin. Meltzer (1975) describes the defensive function of adhesive identification, whereby the infant relies on the identification with external objects to provide the psychic skin, what Bick referred to as a secondary skin, in order to provide containment.

2.6 CONCLUSION

What the literature has provided is a clear sense of the difficulties that may arise in the attachment relationship and the ways in which the internal working model of the mother is passed down intergenerationally. The similarities between attachment and object relations seem to convene in the internalisation of the caregiver and the relationship (Ritvo, 1962; Fonagy, 2001), either as an internal working model or an object and the effect that has on the future functioning of the child. Difficulties seem to arise when the object is not sufficient or the relationship has been faulty or damaging in some way. Insecure attachment is certainly linked to much pathology and has links to failure of containment. By combining the theories of object relations and attachment, this research hopes to provide the reader with a deeper understanding of the internal experience of the insecurely attached child which correlate to the external expression of that attachment.

CHAPTER THREE: METHODOLOGY

3.1 RESEARCH APPROACH

This research was analysed using the qualitative method of thematic content analysis in order to identify themes emerging from the Attachment Story Completion Test. A qualitative approach to research is generally used when one wants to gain a deeper understanding of the subjective experience of the participant or study their behaviour and interactions (Fossey, Harvey, McDermott, & Davidson, 2002). In addition, a qualitative approach may be useful when trying to gain a deeper understanding of an area that is not well known or understood. Thus a qualitative approach is well suited to the current study as it provides a platform for the investigation of an area that may not be well explored, such as the intersection between attachment and object relations in children in middle childhood, thus allowing for an understanding of the internal experience of the child within different attachment classifications. Qualitative analysis also allows for flexibility in the approach to the research, allowing for change and development as the research continues (Fossey, Harvey, McDermott, & Davidson, 2002). As is the case in this research report, as the data was analysed themes were identified which suggested the addition of another layer of understanding to attachment classification. As this was not foreseen to occur before the research was undertaken, the flexibility of thematic content analysis allowed for the identification and exploration of these themes. Upon this, an additional layer of object relational analysis was applied in order to better able to enrich the understanding of the themes and provide an alternate and deeper perspective to the data. Therefore thematic content analysis is a tool which allows for the identifying, analysing and reporting of themes in the data and provides a flexible tool with which to analyse rich and detailed data with relative complexity (Braun & Clarke, 2006). Therefore, with this approach to the data, the research remains open and flexible. As the themes of this research report were identified, this approach allowed for the development and change of the research question and aims to better suit what emerged from the research data and to reflect the focus of the report.

3.2 PARTICIPANTS

The focus of this study has been on children between the ages of 8-12, from homes and hospitals around Johannesburg. As discussed above, children in middle childhood provide a unique source for data collection for several reasons. The study of attachment in infants may present with some

difficulties. Children in the middle childhood range are able to engage in attachment assessment methods and are able to display symbolic play and representations of their attachment relationship as well as verbally describe the availability of their caregiver (Diener, Isabella, Behunin, & Wong, 2008). In addition, middle childhood is an area not often researched in South African investigations. As the emphasis of this study is on insecure attachment, children residing in homes and accessing governmental healthcare in hospitals were selected as they were most likely to provide a sample of insecure attachment (Muris & Maas, 2004; Bakermans-Kranenburg, van Ijzendoorn, & Juffer, 2008) and for this reason, this study made use of purposive sampling. Purposive sampling is used when a particular sample is sought in order to achieve a goal (Fossey, Harvey, McDermott, & Davidson, 2002). Therefore data was collected until the data set was deemed to be large enough for analysis and a variety of settings and contexts had been accessed, for example children residing in homes with a variety of cultures, languages and geographical locations around Johannesburg. These homes were placed around Johannesburg and so the sample presented with a demographic of mixed races and languages.

Ethical considerations are particularly pertinent to this topic as research involves children under the age of 18 years as well as children in vulnerable populations such as hospitals and clinics. Permission has been obtained from the participating hospitals and children's homes in Johannesburg (Appendix 2).

After participating homes and hospitals had been approached and permission obtained from parents and legal guardians, children were selected on a voluntary basis. In the case of the home, the researcher would approach the child and offer them the opportunity to participate in the study and explain what this would entail. When collecting data from the Hospital, the researcher would approach any parents and children of appropriate age in the waiting room and after explaining what the study entailed, would offer them participation. If the child did not want to volunteer, they were not forced to participate. As data was collected in this manner, children were not excluded based on their history or length of stay at the home. The assessment was conducted in either English or Afrikaans, depending on the preference of the child.

The table below details the demographics of the protocols collected.

Table 1

TOTALS	TOTAL PROTOCOL	58
	HOMES	31
	HOSPITAL	27
AGES	8	13
	9	9
	10	12
	11	11
	12	13
SEX	MALE	32
	FEMALE	26

As this study formed part of a larger doctoral study, the number of participants collected was predetermined. As participants were selected from a variety of children's homes in different areas of Gauteng, it could be suggested that while participants did represent a lower socioeconomic sector of South Africa, they represented a mix of South African culture and participants were predominantly white and black children. This suggests that data may be fairly representative of disadvantaged children and children residing in children's homes in South Africa.

3.3 DATA COLLECTION

The instrument that was used is the Attachment Story Completion Test

1. Attachment Story Completion Test. (Green, Stanley, Smith, & Goldwyn, 2000).

This test has been designed to test attachment types in children via story-stem techniques. The interviewer uses dolls and props to begin stories with attachment themes that the child then completes.

Test-retest reliability has proven to be 94% over a 3 month interval and the ASCT has reported good validity when compared with teacher and parent reports around behaviour problems, observations of parenting and reports of negative moods (Kerns, Tomich, & Kim, 2006). The ASCT has been found to have good relationships with other methods, such as the MCAST and SAT (Gloger-Tippelt, Gomille, Koenig, & Vetter, 2002). Also, Poehlmann (2005) found good construct validity. This is important when using the test to code for attachment classifications.

The assessor was trained in how to administer the ASCT. This involved training in how to introduce the test to the child and allow the child to feel comfortable in the testing situation. The assessment begins when the researcher first explains to the child that they are going to use the dolls to tell a story. The researcher will begin and the child must finish by showing and telling the researcher what happens next. Each story is introduced using emotive language in order to engage the child as well as training given on when and how to prompt the child for more information. In some cases when stories given were too short, the story was re-administered for collaboration. It is vital that the stories are introduced with the language specified by the test creators as it is designed to elicit emotion and incite the internal working model which activates the attachment representations of the child. The assessor and child work through a series of seven stories together, with the researcher beginning each story and then asking the child to complete it by using the dolls as well as narrating the events. The researcher must transcribe the narrative verbatim for later analysis.

The ASCT is an expanded version of the original ASCT designed and validated by Bretherton et al. (1990). The 7 story stems are:

1. Spilt Juice: the family sits down to dinner and the child reaches for the juice but accidently spills it on the mother doll. The mother doll says “(name), you spilt your juice!”
   This story enacts for the child the parental figure in an authoritarian role or someone who makes rules and delivers consequences for behaviour and may react in a way that is appropriate, too harsh or the situation may be ignored, depending on the attachment classification.
2. Hurt knee: the family visits a park and the child attempts to climb up a big rock. Instead, he falls and hurts his knee, exclaiming “Ow! I hurt my knee, and it’s bleeding!” By placing the

child in the story in a physically distressing situation, this story engages the parental figure as the comforter or the person to whom the child turns when there is physical or emotional pain to offer relief.

3. Monster in the bedroom: at night the mother sends the child to bed. He goes to bed and gets under the covers when he sees something frightening in his room. This story engages the parental figure as the one whose role it is to protect the child from harm and danger and to whom the child turns when such feelings are elicited. Again, the ability of the child to turn to their parent or the parent to receive the needy feeling of the child is dependent on the attachment.
4. Departure: the parents leave the child with a sitter for three days, thus demonstrating separation from the parental figure, which is a naturally anxiety provoking situation but may elicit different responses from differently attached children.
5. Reunion Story: the parents and children are reunited after three days of separation. For the securely attached child this will generally be a happy occasion, with the possibility of some other mixed emotions to be expected, such as anger at the separation. Differently attached children will react in other ways.

Granot and Meyselles (1991) suggest the addition of two story stems. They are as follows:

6. Homework Story: The child is sitting in the kitchen doing homework and the mother is sitting in the living room watching television. The child says “this homework is so hard! I’ll never get it done!”
7. Fight with a friend: the child is visiting a friend. They have an argument and the friend asks the child to leave. The child arrives home and slams the door. Mom says “(name), was that you?”

The two above stories are well suited to the child in middle childhood and assess for independent versus dependent behaviour. An independent and secure child is able to seek help for himself and solve his own difficulties. The resultant behaviour in the two stories is assessed for age appropriateness. Assessors then prompt the child by saying “now show and tell me what happens next”. Additional prompts are allowed, such as “is there anything else?” or “what happens next?”

Each story is classified as secure or insecure based on

a. How the parent-child relationship is depicted in the story. Is the relationship collaborative or violent and punitive?
b. The description of resolution of negative affect or conflict in the narrative. To what extent are the crises in the stories solved and functioning returns to normal?

c. The expression of emotion is assessed. Does the child express emotion in an appropriate way in the narrative or is emotional expression restricted vs. escalated?
d. Finally, narrative coherence. Does the narrative follow a logical sequence of events or not?

Each of the above characteristics are recorded on a scoring sheet and a score between 1 and 5 is given for each story, depending on how well it matches the features of either secure, avoidant, ambivalent and/or disorganised attachment. 1 indicates no matching features while 5 indicates all features met. This is done for each of the five stories. The ASCT allows each story to be scored on more than one attachment category. Although a child can be classified with characteristics of more than one attachment category, a primary classification is given. The final classification is given when the average of the sub-scores is tallied and the data set is analysed as a whole. All the stories were scored by Renate Gericke and a colleague with attachment expertise. The researcher independently scored 20 data sets. Renate Gericke was trained on how to score the ASCT by Kathy Kerns at the Kerns State University in America. The score is checked by allowing two researchers to score the same protocol and then comparing scores. When differences are found the protocol is analysed and discussed and the researchers come to an agreement on the appropriate classification. This ensures validity of the classification system.

3.4 Analysis

Initially, coding for categorical purposes was performed according to the manual provided by Granot and Mayselles (1991), classifying the narratives as A) avoidant, B) secure, C) resistant or D) disorganised. After the protocols were coded, it transpired that only 3 secure protocols were found. It was decided that this number was insufficient with which to make a comparison and so they were removed from the protocol completely. While coding for the ASCT does already use a form of thematic analysis in order to identify a set of predetermined characteristics, by applying an additional thematic analysis with a more general and open ended approach, additional themes are revelaed which are not encompassed in the coding system, such as themes particular to specific story stems, the particular use of violence or aggression by the child and possibly specific language used by the child. Thus this research takes the form of a qualitative, descriptive analysis. After the narratives were coded and analysed using a thematic content analysis, general findings of the themes are discussed, followed by an analysis using an object relations perspective, thus fulfilling the secondary aim of this research. In addition to coding for different attachment qualities, a

thematic content analysis was conducted on the narrative information. As Poehlmann (2005) highlights in her study, coding and thematic analysis are both compatible and yet are seldom used together. Thematic analysis of narratives will usually analyse the content and structure separately (Poehlmann, 2005). Difficulties may arise when, for example, a narrative appears to reflect a secure attachment due to the generally positive content, but is in fact demonstrating defensive exclusion. A narrative displaying defensive exclusion, however, will be unstructured and non-coherent. Categorical approaches use both content and structural analysis of narratives (Poehlmann, 2005). The benefit of using both approaches is that it allows for the themes of the narratives to arise while still allowing for accurate classification of attachment. This enabled comparisons across categories and contexts.

The codes used for scoring attachment criteria have been preselected in terms of the larger study being conducted and are detailed in the manual provided by Granot and Mayselles. Codes are usually rated in terms of emotional openness and coping, for example is the child able to demonstrate a full range of emotion in their narrative at the appropriate times and are situations resolved in an adaptive and functional manner, and according to a system for broader attachment patterns, (Kerns & Seibert, 2011). The details of the protocol scoring is discussed above.

Once the protocols had been classified, they were divided and grouped according to their attachment categories. The data was then analysed for themes that occur commonly within the differing attachment classifications. Themes were identified via the repitition of a response or description of behaviour in the story stem (Braun & Clarke, 2006). Once an area of interest had been identified, the stories were then read repeatedly and in detail to identify to what extent this theme was repeated in the data. If this theme did not appear in other protocols, the theme was discarded. This was done to ensure that the themes selected were representative of the entire data set (Braun & Clarke, 2006). This is termed inductive reasoning, which allows for coding without trying to fit it into a predetermined coding system. This allows the data to lead the analysis (Braun & Clarke, 2006). Some themes may exist across all attachment categories, such as food. Food, for example, is clearly evident as a general theme. Once it has been identified in several stories, it is kept as a consideration when reading other attachment classifications. The differences and similarities of this theme can then be compared across the attachment classifications.

When reading the attachment classifications, it became evident that some protocols differed in certain characteristics from the others in the same category. In the avoidant category, some stories were identified which were different from the larger data set. They displayed escalating and

sometimes violent characteristics which resembled the ambivalent samples. All stories in the avoidant category were analysed for similar characteristics and then placed apart. Both sub-groups of avoidant categories were then analysed for themes. Similarly for the ambivalent category, stories identified as having avoidant traits were seperated and the sub groups analysed for themes. In the disorganised category, some protocols displayed bizarre elements to the stories while some did not. To further investigate this anomaly, all the protocols containing the bizarre elements were separated from the main category. These separate protocols were then read to determine what other characteristics they displayed. These characteristics, or themes, were then compared again to the main disorganised data set to determine if they were a differentiating theme or perhaps a theme that commonly occurs within the disorganised category. Occasionally, there are themes which occur commonly across all categories, such as the use of strangers by the story teller, however the way in which the theme manifests in the category can help to either differentiate it or catalogue it within the main category.

Thematic analysis is influenced heavily by the orientation of the researcher and thus there is no guarantee that the same themes may be reproduced again when under a new analysis (Fossey, Harvey, McDermott, & Davidson, 2002). However, although reliability may vary, steps have been taken throughout the research to ensure the validity of the results, in line with thematic content analysis. The themes suggested in the results are representative of the sample. Steps taken to ensure this include taking an accurate transcription of the original narrative and the coding system has been thorough and inclusive. Examples used in the results are indicative of themes that present throughout the entire data set and not simply single occurences. Once a theme is identified it is rechecked against the data to ensure it presents an accurate reflection. These actions follow the guidelines laid out by Braun and Clarke(2006) for thorough and valid thematic content analysis.

3.5 ETHICS

Ethical considerations are particularly pertinent to this topic as research involved children under the age of 18 years as well as children in vulnerable populations such as hospitals and children's homes. Ethical clearance has been obtained to work in the various children's homes and hospitals (Appendix 1). All participants were asked to volunteer on a completely voluntary basis, that is, participation was not mandatory. In the case of hospital data, in addition to getting permission from the organisations themselves, the parents of each child must be approached and informed consent obtained (Appendix 2). In children's home data, children were asked to sign assent forms if they agreed to participate in the research. This means that the research was explained to them in full in a

language that is understood fully and accessible. Volunteers were made fully aware that once they consent to participate there is no obligation to remain in the study if they wish to recant their participation.

Confidentiality and anonymity will be explained in the discussion of informed consent. While confidentiality cannot be guaranteed as exact wording may be used in examples provided in the results section, no identifying features will be present in the data and all participants shall remain anonymous to third parties. Once the data was collected, all protocols were given a number by which to identify them in the report and only excerpts from protocols were used. These numbers ensure that names of organisations and participants are protected and protocols are only identifiable to researchers. In addition, protocols were then categorised according to attachment classification rather than in the homes from which they were collected.

CHAPTER FOUR: RESULTS

This section of the study shall demonstrate the results by dividing the chapter into two sections. Section one, Attachment Classification, will explain in further detail the division of the data set into attachment categories as well as discuss additional attachment categories which have been identified in this study. The identifying characteristics of each classification will be discussed. Section two of the results provides an object relational analysis of the characteristics identified in section one of the results. The characteristics of each category will now be discussed in further detail.

The table below demonstrates the distribution of attachment classifications throughout the data set.

Table 2

CLASSIFICATION	**NUMBER**
TOTAL PROTOCOLS	**58**
TOTAL HOSPITAL	**27**
TOTAL CHILDRREN HOME	**31**
AVOIDANT TOTAL	**20**
AVOIDANT CLASSIC	**11**
AVOIDANT AMBIVALENT	**9**
Ambivalent TOTAL	**20**
Ambivalent classic	**14**
Ambivalent avoidant	**6**
Disorganised TOTAL	**18**
Short, coherent, violent	**7**
Detailed, Incoherent, intermittent Violence	**3**

Bizarre, extremely violent	**8**

As can be seen from the above table, the data set provides an equal division between hospital and children homes. Of the data set, Avoidant attachment makes up the largest sample of attachment classification, with ambivalent and disorganised attachment demonstrating an equal distribution of the remaining sample. As mentioned, only three protocols were classified as secure in the total sample. As this was not deemed to be a large enough unit in order for a comparison, the secure protocols were removed from the total number. Analysis of the data suggested the inclusion of additional attachment categories, which have been named Avoidant Ambivalent; Ambivalent Avoidant; Short Coherent Violent; Detailed, Incoherent, Intermittent Violence and Bizarre, Extremely Violent. These shall be discussed in further detail below.

Within the avoidant sample, the Avoidant Ambivalent category made up a small percentage of the total Avoidant grouping. This stands in contrast to the Ambivalent Avoidant category which makes up nearly half of the total Ambivalent grouping. Finally, of the total disorganised category, Short, Coherent and Violent and Bizarre and Extreme Disorganised classifications make up equal amounts of the Total disorganised category with the Detailed and Incoherent Category providing only 3 protocols. Whether this scatter of categories is representative of the general population of insecure attachment or is rather specific to the context of the home and hospital environment in which assessment took place needs further research and exploration.

4.3 Ambivalent Attachment

Ambivalent story stems within the ASCT are easily discernable by their escalation of violent events and high expressed sometimes exaggerated, emotion. Events may appear as odd and out of context as does the aggression and violence of the stories.

4.3.1 "His dad shouted at him and he was scared": Ambivalent Escalation

As is commonly seen in ambivalent samples, the ambivalent nature of the story makes an appearance from the outset in the initial story of spilling the juice.

(Protocol Am17/Spilled Juice)

Child 1: "sorry mom" he cleans the mess up and dries mom

He puts the cup on the table

Child 1: "please pour me some"

Mom: "ok"

Mom spills the juice but not on anyone

Mom cleans the floor

No more juice and everything is finished

From the above example, the escalation of events is quite clear. First the child spills the juice and then the mother spills the juice until there is nothing left and the story teller says "everything is finished". This gives the feeling of emotional purging, voiding out until everything is finished and there is nothing left and of events being unable to be contained in any way.

(Protocol Am11/Spilled Juice)

The child messed the juice on his sister

His dad shouted at him and he was scared

Dad took the cup and put it back on the table

His sister was cross with him. Then he cried.

This example also demonstrates the intense emotion experienced by the protagonist, as his father is experienced as scary and the problem of the spilled juice is not resolved but heightened until emotions became wrought and the situations feels spun out of control, again, uncontained.

In the ambivalent sample, violence is often present and this is demonstrated in the excerpt below:

(Protocol Am6/Spilled Juice)

Mom: "let's do a toast"

Child 1 and Child 2: "no I'm not finished"

Dad hits the children

Dad: "it's wrong to hit the children, I'm sorry"

Resets the table without the dishes

Then they make a toast.

In this example the aggression takes on an unpredictable and sporadic nature, giving the feeling that emotion is boiling just under the surface and may explode at any time without warning. The stories strongly reflect a feeling of spillage and messiness of emotion and events. The father can be seen to swing between alternating roles as first he is the punitive aggressor but then apologises for his actions and the family can return to some kind of homeostasis. The experience is of an unpredictable and unsafe parent who cannot be depended upon for stability.

What can also be clearly seen in the examples above is how situations spin out of control very quickly and no resolution is offered. The family has no way of returning to equilibrium as emotions are heightened and in fact stories do not end with a solution but rather are cut short. The example above provides an exception to this ending but clearly demonstrates the next theme in the ambivalent category. Aggression and violence are commonplace in the ambivalent sample and the explosive nature of these characteristics is one of the defining features of this category.

4.3.2 "Dad Ran To the Bed and Jumped On It": The Blurring Of Roles

In the ambivalent category, the roles of the adults and children are often confused and enmeshed without clear boundaries or barriers separating identities. This is demonstrated in the example above when dad rapidly switches between roles and also in the example below:

> (Protocol AM 7/spilled Juice)
>
> *ummm . . .mom send him to his bedroom (the child).*
>
> *Then he was grounded and Child 1 was at the table and went to eat and took food and spilt on granny and granny said: "Child 1! I'm sending you to your bedroom!"*
>
> *She had to go and clean herself and then she came back.*
>
> *Dad went to eat and spills on mom and granny: "Father! You are grounded you can't go to work"*
>
> *Mom and granny went to the shops and dad went to work and when mom and granny came back and put everything back*
>
> *Dad came home: "what are these things doing here?" and he ran to bed and jumped on it and was sleeping*

The role of the father in this story is confused as he also becomes grounded, along with the children, and is not allowed to go to work, although he does so later. This undermines the authority of the mother and granny. Who is the father and who is the child seems rather confusing as their actions blend the objects together into a singular identity in terms of roles. The escalating characteristic of ambivalent attachment is evidenced here as subsequent family members proceed to spill their juice and food. As the messing and spilling over continues, the parents fail to contain the intensification, with father rendered helpless and mother's and granny's authority rendered ineffectual. Father is also expressed as childish in the way he runs, jumps on the bed and goes to sleep. A similar infantilising of the parent is seen in this excerpt of the spilled juice story

> (Protocol A3/Spilled Juice)
>
> *Mom cleans the table*

Dad: 'thank you'

Granny: "I will wipe up"

Mom: "no, I will wipe up"

Granny: "don't speak to me like that, now go to your room" and she (mom) goes to sit in her room.

Dad washes the dishes

Granny: "are you finished?"

Dad: "no, not yet"

Granny: "You must make the dishes clean. That child makes me mad. Go to your room".

Now the whole family is in their room. Granny washes the dishes.

Here, mother and father are infantilised by granny and sent to their room. In the end the entire family is in their room while granny does the washing up alone. Granny also refers to father as "that child" further adding to the infantalisation of the father. It again becomes unclear in this story who is the parent and who is the child as boundaries between objects become obscured. The intermingling of identities is also indicated by physical means in the stories, for example

(Protocol Am6/Monster in the Bedroom)

Then Child 1 sleeps on Child 2

(Places Child 1 and she's lying on Child 2)

The mom and dad go sleep

(Places them lying down next to each other, away from the children)

Child 1 and Child 2 are placed on top of one another and sleep as one person, with their skin on skin contact further demonstrating an enmeshment of their identities and boundaries. In this story people seem unable to delineate their own personal space but rather share spaces and boundaries, causing confusion. The enmeshment of the family roles reduces the parents to ineffectual roles, having the same kind of authority and power as the children. This can be seen in the following example:

(Protocol Am17/Monster in the Bedroom)

Child 1 wakes up and asks to sleep with mom and dad.

Mom and dad tired so all three went to bed (in bed)

Child 1 heard a growl and woke mom and dad up

They all scared and sat next to Child 2's bed and sat there all night.

The parents here are scared and unable to contain the children's fear. In the end of the story the family is hiding next to the daughter's bed, with little differentiation between parents and child and the parents unable to protect or calm the children, helpless against the unnamed danger. In this following example, the blurring of roles is demonstrated by the sexuality suggested by the protagonist

(Protocol Am8/Fight with a friend)

"I don't know mom, my friend is acting strange, she said we must go home and we didn't even swim! My heart is sore!" (crying) "mom, please help me, I think she has a baby"

Mom: "I want her and her dad"

Friend: "coming"

Dad and friend bashes Child 1. They come to mom, mom shouts at friend.

Dad says: "I love you" and kisses mom.

Child 1: "why did you hurt me?" (To friend)

Friend: "Cos I have a baby

Child 1: "so? You can't hurt me!"

All bash each other (story disintegrates into fighting)

The little girl's hair comes off and girl puts her head in her brains.

Child 1: "I have to go, my boyfriend is here"

They kiss

The house is destroyed.

This story was narrated by a 9 year old girl and displays sexual overtones, demonstrated in the childhood pregnancy, the protagonist having a boyfriend and the kissing in the story. The role of the child becomes lost and confused as she takes on adult-like characteristics, such as the sexuality. The mother is ineffectual in managing either the conflict or her daughter as she becomes distracted and easily seduced by the father and the conflict spirals out of control, leaving the house destroyed. She again narrates another story with elements of sexuality

(Protocol Am8/Hurt Knee)

Now granny's turn. She's walking and singing, she falls on the rock and falls on her face

Dad: "what happened?"

Granny: "I fell on the rock on my tummy" She vomits

Dad: "that's disgusting, let's go away"

Granny: "you saw my underwear, you disgusting man" . . .

This story excerpt suggests adults doing forbidden things, such as looking at granny's underwear. The feeling is one of present and yet forbidden sexuality and roles are confused as parents are not safe objects but rather threatening. Another child also demonstrates a narrative flavoured with sexuality.

(Protocol Am3/Departure)

they go outside to play

Babysitter: "in an hour you must bath"

They met a man: "what is your name?"

"Kobus, can I be your boyfriend?"

She calls her sister: "sister, look at my boyfriend"

They go off and kiss

Children in this story meet "men" and engage in sexualised behaviour. The babysitter is unable to control or contain the children and home in the story becomes a place where everything is allowed to happen. For the story teller, the ineffectual parenting is incapable of providing safety for the child in clear and defined roles. Children are allowed to engage in inappropriate behaviours, sometimes with dangerous consequences. With no defined roles themselves, they cannot control events. This is seen in the examples above where the parents cannot protect the child from the monster in the room or help to protect the child from the abusive friend or even from premature sexuality.

Throughout the examples above, the blurring and enmeshment of roles can be seen as barriers between objects become blurred and lost. Parents act like children, jumping on beds, receiving punishment and unable to protect their children. Children take on adult like roles, expressed in sexuality and there is very little physical space between people. The consequences of this enmeshment are catastrophic, as all sense of order and control is lost, as is the sense of roles and identity, and stories become chaotic. As one story teller says "the house is destroyed". In this manner, parents are experienced as dangerous and unsafe, as explained in the next section.

4.3.3 "The Dad Has an Accident": The Parents Are Not Safe

As can be seen above, story tellers in the ambivalent sample present parents as unsafe through several means such as infantilising them, having them hide behind their children for protection and engaging in inappropriate sexual behaviour. Another way in which the protagonist displays the

parents as un-safe is through many randomised accidents, violent events happening out of context to the story. This can be seen in the example below.

(Protocol Am6/Monster in the Bedroom)

Mom and dad woke up to a horrible noise and wake up and go and shower and bath but they hadn't cleaned up and the bed was turned down

The mommy slipped on the bed and fell over and her leg is broken

(acts out and leaves mom lying down)

The mom here slips and falls and breaks her leg and is left lying on the floor by the storyteller, immobilised. The mess in the story may be considered a metaphor for the emotional messiness that is felt in the ambivalent sample. This messiness is dangerous and causes injuries to the characters in the stories. She seems unable to help herself and thus her role as a mother becomes diminished as she is rendered helpless and ineffectual.

(Protocol am7/ Fight with a Friend)

He said: "nothing, there was a fight"

Mom: "what?"

Then dad had an accident. Mom went to the hospital

Mom: "are you ok?"

Dad: "yes, I was hurt by my forehead"

Mom: "you'll be ok"

Here the story-teller has the dad have an accident just after the child has a fight with his friend and comes home. Instead of being able to handle the distress of the child and contain the event, the parent has an accident, thus escalating the distress. The feeling given is that events and possibly even emotions and distress are out of control and dangerous and the parents have no control but are instead vulnerable and at the mercy of life. For this reason they are unable to protect or contain the child.

(Protocol Am5/Reunion)

Babysitter: "I'm going cos you didn't want to play with me. These people didn't even give me my money. Bye." (They don't reply)

Then mom gets hurt and falls

Mom: "Dad come help me! ow ow ow!

Child 1: "can you see mom, when you were at the park you shouted at me and now you got hurt and I'm not saying sorry to you

In this example, the mother gets hurt by accident and the child revels in the hurt, as if it was an act of revenge. The child communicates to the parent that they deserved the injury. This example demonstrates both how the roles of the child and parent are confused and also how the parent is not safe and has no control.

This theme, in conjunction with the above theme, demonstrates how parents are displayed as ineffectual and out of control. In addition, constantly placing the parents in random accidents displays to the reader how the parents are powerless to protect themselves and in turn their children. They are unable to offer their children safety or even act as a container to their distressing emotions. Instead, situations and emotions become heightened and exacerbated, with emotions flowing out of and beyond containment.

4.3.4 "That Little Sister of Yours, I Will Kill Her": The Dangerous Babysitter

Another caregiver that cannot seem to offer the child safety is the babysitter. A common theme within the ambivalent category is the incompetence of the babysitter and for the children to fight and become injured while the parents are away.

(Protocol Am7/Departure)

The babysitter was watching TV and they went out the door and went to shops and decided to buy lots of things, a bed and toys and they went home and she was still watching TV. The boys started fighting. The babysitter calls the parents: "they are fighting"

He fell out of the window and got hurt and couldn't play anymore.

In this excerpt, the children spend money while the babysitter is distracted and get into a fight that ends with a serious injury. The babysitter responds by phoning the parents but they are unable to offer any solution and there are no consequences for their behaviour. Instead, the event is escalated to the point of injury.

(Protocol Am8/Departure)

"Hi babysitter, I love your outfit (kicks babysitter)

Babysitter: "you will not kick me like that"

Child 1: "yes I will! Can we go and swim?

Babysitter: "no"

Babysitter: "you are very strong"

Child 1: "yes, why?"

Babysitter: "that little sister of yours, I will kill her"

Babysitter kicks little sister. Then Child 1 kicks babysitter off the table. J and S kill the babysitter (presses very hard on the babysitter).

Mom and dad will be home in a few hours

"You are not my friend, I hate you"

(The dolls bash each other)

The above example demonstrates the chaos that seems to ensue when the parents have left for their holiday. The babysitter is unable to control the children and is herself dangerous but also subject to aggression from the children. The feeling is one of extreme danger for the children and by the children as the violence escalates to extreme proportions as the adult is unable to take control. The fear of being abandoned by the parent and danger of the system is then projected onto the replacement caretaker. This example below also demonstrates how strangers may be considered dangerous in the ambivalent category. Here, the babysitter threatens to kill the children:

(Protocol Am 9/Departure)

Nanny is watching the kids sleep and hears a window breaking and she sees a guy from the afternoon.

She says: "you better leave before I phone the police"

Child 1 and Child 2 wake up. They want to phone the police but the man cut the signal.

He says: I just need some food

Child 1 and Child 2: "why didn't you just ask us? We are kind people"

They give him bread and tea. He goes off and says thank you.

Later

When they came back the back door was open and they saw the guy had taken the TV and dad ran out with a gun to go and look for the guy in a forest and he found the guy and he took the TV and the guy got locked up.

What the above examples also demonstrate is that not only are strangers dangerous but that people may not be what they appear. The babysitter in the former example is deadly and the stranger was initially dangerous but then expressed as a sad character in need of help and eliciting sympathy. Later, he is once again portrayed as bad when he steals from the family and gets arrested. This seems to add to the feeling of events being unpredictable and out of control in the ambivalent category.

The examples above demonstrate how stories in the ambivalent category are laden with aggression and escalating violence. A sense of disarray exists as people are not always who they first appear and roles and identities are confused. Children may act like parents and parents like children, thus they are unable to offer the children protection or control events. All characters are at the whims and mercy of the story-teller, often experiencing accidents and violence. Characters seem angry and hostile.

4.4 Ambivalent Stories with Avoidant Characteristics

4.4.1 "Don't Be Scared or Worry": Ambivalent Minimisations

Similarly to the avoidant category, a number of story stems within the ambivalent category present with avoidant characteristics. However, unlike the avoidant category, these characteristics do not seem to cluster around particular stories but seem scattered across this sub-category. For example, this spilled juice story seems to present with avoidant characteristics:

(Protocol Am 15/Spilled Juice)

> *"OK mom, I'll pick it up, I'll clean". Then he picks it up and fetches a cloth and wipes and fills it up again. She sits down also. Then he (child) went to fill it up and put it on the table and wipe the floor and put it back in the kitchen and sit down*
>
> *(and then?)*
>
> *He ate and drank again.*

This story demonstrates a minimisation of both emotion and interaction between the child and parent. There is no reciprocal dialogue between them and mother does not move to help the child or contain the accident. The story is heavily detailed, allowing the story teller to evade any real interaction and focus on actions instead. It also exhibits the terseness which can be characteristic of avoidant stories. Similar characteristics are demonstrated in the story below:

> (Protocol Am 14/Hurt Knee)
>
> *And then mom came and the father came and picked the child up and they sat on the grass and fixed the knee with plaster then they ate. Then they went back home.*

The characteristically avoidant lack of emotion is present as well as the emphasis on action rather than interaction. Mother and father may come to the scene of the accident but there is no conversation or containment between parents and child. The plastering of the knee is done in silence and the family seems to continue on as normal, ignoring the event of the bleeding knee and thus escaping any sentiment that may occur as a result.

The minimisation of events and emotion described above is also clearly revealed in this example:

(Protocol Am 12/Monster in the Bedroom)

She did not say goodnight to mom. She got a fright.

(Can you tell me again?)

She ran to mom, mom came to see

There was no one in the room.

Mom: "Sleep! Don't be scared or worry."

This story presents a strong example as initially the story teller is only able to respond with a very brief, restricted story. Upon further prompting she is able to expand a little more but the characteristic lack of emotion and containment by the mother are present. Mother does not comfort the child who comes to her for help but rather dismisses her emotions and demands obedience. The monster itself is also dismissed as being nothing or no one and the child's fears become reduced to juvenile fantasy or fear.

Stories such as these stand in strong contrast to their ambivalent counterparts, which demonstrate escalated emotion, violence, aggression and danger. In the examples above, parents and children do not become locked in high expressive interactions but rather seem to interact at a distance, aloofly. Emotion is avoided and inciting events are ignored by the story teller.

4.3 Avoidant Attachment

Avoidant ASCT stories are characterised by minimisation of emotions and an avoidance of highly emotionally charged events and confrontations (Granot & Mayselles, 1991). Children may focus intensely on activity in order to evade any expressive interaction or connection between parent and child. It is interesting to note that, while analysing avoidant story stems, the general feeling was one of banality or boredom, which may be a function of the story, which keeps emotional connection at a minimum and others at a distance.

What was evident from the analysis of the avoidant classified story stems was that one group of avoidant stories presented with certain divergent characteristics. On the one hand there were classically avoidant stories, which presented with evasion of emotion and severely restricted story stems. On the other hand, there presented avoidantly classified story stems with some characteristics of ambivalent stories. These shall be discussed in further detail later.

4.3.1 "And They Asked Granny for Eggs and Bacon": The Presence of Food

One of the most evident characteristics of the avoidant story stems was the constant presence of food. Food occurs in many settings and seems to fulfil many functions. For example, food provides a compensatory function when the children ask the babysitter for a meal after the departure of their parents or a conciliatory function, such as the parent feeding the child after a conflictual or highly emotive situation. Food also appears to provide some kind of routine to the family structure and often family members are described in the routine acts of cooking and cleaning and are often signified by their gender roles and identities, for example mother and granny may cook the food and wash the dishes.

The departure story seems to present the avoidant story teller with a particularly distressing or emotive setting for although explicit emotion is often absent in this story stem, food is almost always present and seems to present the child with comfort or distraction from the event which has just taken place, i.e. the departure of the parents.

(Protocol A20/ Departure)

They all say yes mom and dad and mom and dad gets in the car and says bye and they set off

Then they all go in the house with son, granny and daughter and they eat lunch

And

(Protocol A14/Departure)

Granny asked if they'd eaten and they said no and asked granny for eggs and bacon

And

(Protocol A23/Departure)

child 1 and child 2 playing and the babysitter says "are you ok?"

child 1 and 2: "yes"

Babysitter works and makes food and plays

Babysitter: "come and eat". . .

The above examples are excerpts from the beginnings of three departure stories. What is noticeably absent from the above excerpts is some form of distress or sadness due to the departure of the parents, which is something that would be seen in the reactions of a securely attached child. In the first example, in addition to the lack of emotion, it is clear how the first activity undertaken by the children and caregiver after the departure of the parents is the preparation and eating of food.

In the second example, the babysitter does in fact ask “are you ok”, suggesting that there may be some form of distress, however this is then denied or dismissed by the child. After this, the babysitter prepares the food. In all three examples above, just as there is no response by the child to the parent’s departure, there is no evidence of emotional comfort offered by the caregiver to the child. Instead, children and caretaker join together and eat a meal. Food may also be considered as a kind of bonding activity shared between caregiver and the children wherein children and caregiver are able to participate in a joint task and caregivers are able to show a form of caretaking in the act of providing food. The food can be seen to act as a replacement for the expression of emotion and the provision of comfort.

There is an additional common theme which is presented in the avoidant story stems around the presentation of food. Many of the story stems display an almost ritualistic act of preparation of food followed by cleaning. This can be seen in the following examples below:

(Protocol A23/Spilled Juice)

> *Now the mom stands up and says: “now you have to give your cool-drink to Child 1”.*
>
> *Now mom says “when you are finished you must go to your room”*
>
> *“Finished”*
>
> *Mom: “go to your room”*
>
> *Child 2: “ok Ma”*
>
> *They sit and eat again, when they finished*
>
> *M: “Child 2, go to your room”*
>
> *Child 2 sits in his room and mom comes up*
>
> *Mom “go to the kitchen and put plate in the glasses and put water with other and make the table clean.”*
>
> *They help mom was plates and cups.*
>
> *(Acts it out with mom and Child 2 and CHILD 1)*
>
> *Wash things and dry and put it back in their places*
>
> *Father dries and Child 1 puts it back.*

In the above example the cleaning of the table comes after a confrontation between mother and the child. The cleaning up process described is fastidious and detailed and allows some kind of detachment for the reader and protagonist as the story focuses in on the details of the cleaning.

> (Protocol A6/Fight with a Friend)

Child 1: "yes mom, at friends, got in a big fight, got home very angry and slammed the door by mistake."

Mom: "ok, that's why I don't like you playing. Watch TV while I make you food"

Mom: "here's dinner, be back I'm going to see the friend"

(Goes to friend)

Mom: "Friend says you had a fight?

Friend: "yes we fought, I asked her to leave"

Child 1: "mom, done making dinner"

Mom: "ok, wash dishes"

Child 1: "ok mom" (she washes dishes)

Here again the ritual act of preparing, eating and then cleaning up the food transpires after an emotionally charged situation and provides some kind of familial resolution and detachment from the possibility of a heated moment. The family can be seen to be repairing an emotional conflict or trauma with the use of food. A similar event happens in this example:

(Protocol A7/ Departure)

Then they say goodbye, they get in the car and go (mom and father standing by the car)

Child 1: "let's go have lunch"

They have lunch. They finish.

They wash the dishes. They clean the room

After cleaning the room they watch TV. Finished.

Here the containing act of cleaning happens after the parents depart for their holiday. As can be seen from the above examples, the occasions of eating and cleaning seem to happen predominantly within certain examples, mainly the spilt juice story, and the fight with the friend and the departure story. Another story stem which occasionally presents with the theme of food is the reunion story; however, the act of cleaning is missing.

(Protocol A20/Reunion)

Then the children run outside and give mom and dad a hug and say hello.

Then they all go inside and eat supper and they all go to bed before they go to bed mom reads them a story and then they fall asleep . . .

And

(Protocol A22/ Reunion)

Then the grandma and children run and give the parents a hug and say welcome home. Grandma says it's time for me to leave cos they back. Children help parents unpack and then they all go out for dinner.

The above is an excerpt and a complete story from the reunion stem, where cleaning is absent. In the above two examples, the food seems to re-establish the connection between the parent and children. It serves a celebratory function. It seems that cleaning only appears after a negatively charged emotional reaction, such as the departure of the parents, fight with the friend or spilling of juice at the table. In this way food can be seen to fulfil a reconciliatory function, standing in replacement of emotional contact.

In addition to using food as a pacifying agent, many avoidant stems contain out of context celebratory events after emotionally charged situations, characteristically occurring in the departure stories:

(A17/Departure Story)

Let them play outside

Ask to make birthday cake, granny goes inside

(Child 1 and 2 playing)

Granny makes dinner

She calls them inside and brings dinner outside and have dinner outside

They go shopping

They make muffins, blueberry muffins

And

(Protocol A16/Departure)

The babysitter said let's go and go to the Colonade. They go and play games and it was Christmas and they had a big tree and Child 1 and Child 2 said: "what is this big tree?"*

Babysitter: "a Christmas tree"

They climb on it.

The babysitter said: "no it's going to break" . . .

Events above, such as making the birthday cake, muffins and Christmas occur after the parents depart. These events also seem to be out of context of the story and act as a kind of compensation. In the following example, there is a similar feeling of indirectly soothing the departure of the parent

*Colonade is a shopping centre in Pretoria

with fun irregular activities:

Grandma takes them in the house, bakes them cookies, drink milk, play in the park with friends and friends sleep over. They had fun.

Here, there is no specific event such as a birthday or Christmas but what is clearly present is the creation of happy activities in order to distract from the main event of the story, the departure of the parents. In all of the examples above, what is absent is the distress at the departure of the parent or the direct soothing of the child. Where no direct emotional contact is present in the story, food stands as a replacement in different forms, such as acts of preparing and cleaning, providing a celebration or providing comfort.

4.3.2 "It's Just Your Imagination": The Inability to Soothe

Other than the use of food for this purpose, there are several other characteristics that indicate a lack of direct soothing or emotional communication between parent and child. One of the most significant indicators appears in the monster in the room story stem. In this story stem, the child calls the parents for help when he/she thinks there is something in their room.

> (Protocol A17/Monster in the Bedroom)
>
> *Dad comes with the torch and leaves the light off because when the light went on and put the torch on and looked in the room and he saw nothing and said to Child 1: "don't worry there's nothing it's just your imagination".*
>
> *The next morning Child 1 stands up and said to his dad that he had a nightmare. Dad said he doesn't know what to do . . .*

In the above example the monster in the room is dismissed as the child's imagination and the parent fails to comfort the child. In addition, this example demonstrates how the parent is impotent in the face of the child's distress and is unable to help the child, even with the scare from a nightmare, something common and benign. He says "he doesn't know what to do". This gives the impression of the father as helpless and powerless in relation to the child's fear. Another way in which the child storyteller deals with the fear of something being in the room is to minimise it and explain it away, transforming the fear into something innocuous.

> (Protocol A22/Monster in the Bedroom)
>
> *The mom will come running and say "what's wrong?" "I don't know". She checks and it was just a really big spider.*

And

(Protocol A23/ Monster in Bedroom)

Mom and dad and Child 1 run up and look, Child 1 also sleeps in the room.

Mom and dad: "what's in the room?"

Child 1: "A spider"

Dad: "Where?"

Dad goes: "oh it's just little it won't hurt you, it has long legs and little feet, and I will put it with dad and mom"

"Go sleep, tomorrow is a long day school starts because you must rest" . . .

In the above two examples, the fear is explained as being caused by a spider, something harmless. In this way the fear of the child is minimised to such an extent that it fades and is now easily managed by the parents. Also important to note in the above examples is the lack of physical and emotional comfort offered by the parents to the child protagonist. In protocol A17 this is particularly evident and the child's unbridled fear of the monster in the bedroom is carried through into the next day. In the above examples the fear of the child is less palpable yet even so the role of the parent as comforter and container is still absent and the child is left to calm themselves or self regulate on their own.

Another example of the parent being unable to manage the distress of the child protagonist is seen in some occasions in the hurt knee story stem:

(Protocol A18/ Hurt Knee)

They take him to the hospital (what else?)

And they give him stitches (then?)

They take him home in a wheelchair

In this story, the child is taken to the hospital and it is the doctor who deals with the physical pain of falling off the rock, not the parents. A similar scene occurs in this story stem:

(Protocol A14/Hurt Knee)

Mom runs to him and helped him up and looked if it's not broken

It is broken and they take him to the hospital

Child 1 says "I'll never do that again"

Then they go home.

It is interesting to note in the above examples that the fall from the rock is interpreted as a serious injury, something requiring a trip to the hospital and/or doctor. However, in spite of this, it is striking how the child does not display distressed behaviour, such as crying or calling out for their mother. In turn, similarly to the examples above, these parents do not offer any kind of physical or emotional comfort, for example hugging and soothing the child. The story above is related in a factual and almost mechanical way with. In the above examples there is minimal emotional interaction between parent and child. The parent may be seen as so completely unable to soothe the child, physically or emotionally, that they must be taken to the hospital and it falls on the doctor to "fix" the child.

This is a clear theme that runs through the avoidant categories. Children and parents both display minimal expression of emotion. From the side of the child, there is no distress or attachment eliciting behaviours, such as crying, calling out or clinginess and from the parent or caretaker there is a lack of comforting and soothing behaviour. When the child in the story is prompted by the researcher to experience fear, in the introduction of the monster in the bedroom story for example, the storyteller minimises the fear into manageable levels for both parent and protagonist. Stories appear fact and action based and has a mechanical and detached feel and may even be felt to bore the reader, creating another layer of emotional disconnection between reader and protagonist.

4.3.3 "No, I'm watching TV": Emotional Unavailability

In addition to a lack of soothing and comforting behaviour, the story parent also commonly displays emotional unavailability. This is predominantly seen in the mother, and is another prominent characteristic of the avoidant story stem. A good example of this can be seen in the homework story, in what has been a striking theme across the avoidant category. The reluctance displayed by the mother when the child asks for help can be seen below:

> (Protocol A14/Homework Story)
>
> *He goes to mom and asks for help because he did something wrong but can't get it right.*
>
> *Mom is watching TV but will come now*
>
> *Child 1 says: "please it's due tomorrow"*
>
> *And mom says she'll come now and she goes to see what the problem is and helps him with the problem and he did it before night time and said thank you*

And

> (Protocol A23/Homework Story)
>
> *Child 1 works and calls mom to help*

Mom: "no, I'm watching TV, it's the news I must watch"

Child 1 works and doesn't know what to do "please mom"

Mom: "no, I'm watching TV". Child 1 turns off the TV

Mom: "ok"

Mom helps and time for bed

In this story stem the child enacts needy behaviour and asks the mother for help and is sometimes even reduced to begging. The child explicitly asks for help which is then given hesitantly. The mother's response is clearly one in which her own needs are more important and the child is left for a short time to struggle with the difficulty on their own. In protocol A23, the story has a desperate and bewildered feeling in which the child tries to manage on his own after his mother initially refuses help but is unable to do so. The child then has to turn the TV off himself, again in what seems like a desperate attempt to receive help, before actually receiving it. This theme of emotional unavailability seems to go hand in hand with the previous theme of an inability to soothe. Viewed together, the two themes indicate a restricted emotionality. It seems as if characters in the story are unable to experience a variety of emotion in themselves and so in turn are unable to be emotionally available or offer one another emotional comfort. The mother herself seems in some way emotionally empty and unable to offer any form of emotional contact to her child.

The above themes serve to display and typify the kind of interaction in the stories that is expressed by the avoidantly classified child. These themes demonstrate the minimisation of emotions and attachment behaviours on the part of the child, such as crying, showing distress and asking for help (Bowlby, 1969). In terms of portrayal of the parents, there is a lack of soothing and comforting as well as emotional availability and in some occasions parents may appear overwhelmed by the distress of the child or more interested in their own endeavours. The stories themselves appear based in fact and action and it seems there is an emphasis on food and eating, possibly as a replacement for emotional interaction but this will be discussed later. This is often followed by ritualistic cleaning. These themes give the reader a sense of mechanical interaction and elicit experiences of boredom and detachment. This suggests to the researcher that this may be the kind of interaction the child experiences and receives in everyday life and serves as an attempt to keep others at a distance in order to minimise emotion in the real world.

4.4 Avoidant B: Avoidant Stories with Ambivalent Characteristics

Within the avoidant category, there appeared a number of story stems with ambivalent characteristics. These story stems may have presented with some difficulty when scoring because of

these anomalous characteristics as they do not fit entirely into the classical avoidant type story stem, but rather show characteristics of escalation and sometimes demonstrate violence. Interestingly, the ambivalent characteristics seem to cluster around common story stems, namely, the spilled juice, hurt knee and fight with a friend. This can be seen in the themes below.

4.4.1 "The Whole Family Is Lying On the Grass": Avoidant Escalations

One of the most prominent stories that present with ambivalent features is the hurt knee story stem.

> (Protocol A8/Hurt Knee)
>
> *Child 1 also climbs the rock and falls*
>
> *Two girls lying in the grass*
>
> *Then the father goes and falls*
>
> *(Makes father climb the rock and then fall off)*
>
> *Then the mother goes and climbs and falls off*
>
> *The whole family is lying on the grass at the bottom*
>
> *Then the mother and father wake up and Child 1 will also wake up*

And

> (Protocol A1/Hurt Knee)
>
> *(Child 1 and 2 go to rock)*
>
> *Had to go into a pushing chair and had to sit in a wheelchair and Child 2 played and hurt herself on her arm.*
>
> *Mom helped Child 1 and Dad and also helped Child 2.*
>
> *They climbed into the car and drove home to put plasters on them.*

In the above two examples, the violence escalates to the extent that other members of the family also get hurt. In the first example, siblings as well as mother and father take turns falling off the rock until the whole family is lying on the grass injured. They seem to wake up as if out of a sleep or a dream. In the latter example, the sister hurts her arm straight after child 1 and the family needs to go home to care for the injured children. This kind of escalation is commonly seen within the ambivalent category and not typically seen in the avoidant category. The violence, instead of being minimised, as is typical, is engaged in and then escalated by the story teller to dramatic proportions until family members are rendered injured and unconscious. The clustering of this kind of escalation around the hurt knee story stem suggests that this story offers this kind of avoidant child an

opportunity to express something to the reader or in themselves that they are unable to in other stories.

The second story stem that seems to elicit escalated or high emotional reactions is the spilled juice story:

(Protocol A3/Spilled Juice)

She starts hitting the child and sent her to bed and punishes her for the whole day.

In this story, the event is not avoided but rather the mother reacts with amplified emotionality and is punitive towards the child. A similar event happens in this example when the family reacts with rage and chastises the child.

(Protocol A9/spilled Juice)

Then after that they were angry and they told him he's not having more juice (makes crying sounds-Child 1 is crying).

Then he says to mom: "sorry"

In this example, the emotion is again not avoided or minimised but the child demonstrates a very explicit emotional display and appears quite distressed. The above two examples reveal characteristics which are not commonly seen in avoidant story stems. The occasion of the spilled juice is something which is reacted to by the whole family and escalates to heightened proportions and even violence. There is also no evidence of returning to equilibrium. This is unusual for the avoidant child as conflict and emotion is usually minimised and, as seen in the above section, emotion is usually restricted in order to maintain the semblance of status quo between family members.

4.4.2 "Must I Hit You With The Belt?" Avoidant Aggression

The fight with the friend provides the final story in which ambivalent characteristics seem to cluster and also in which acts of aggression are clearly seen.

(Protocol A4/Fight with a Friend)

"Yes mom, it's me!"

Mom: "what is your problem?

"My friend chased me out of his home"

Mom: "but why?"

"We had a fight"

Mom: "who started the fight?"

"It was me mom"

Mom: "what happened?"

"We played wrestling and I slapped him hard"

Mom: "why?"

"Cos we were playing and he kicked me. I stood up and punched him in his face. He chased me away and I came here"

Mom: "you came here?"

Child 1: "yes mom"

Mom: "I told you not to play wrestling"

child 1: "sorry mom, I will not do it again"

Mom: "I forgive you, everyone makes mistakes"

Finished.

The story presents with extreme violence and aggression between the friend and protagonist, who slap, punch and kick each other. Such outward expression of violence and aggression are again unusual for a classic avoidant child and are more often seen in ambivalent samples. The above example does not seem to fit in with the minimisation and restriction that is characteristic of avoidant samples. What is interesting about the above example however is how the aggression is directed towards the friend while the parent and child seem to engage in a minimised and restricted interaction. They avoid a conflict about the incident and mom seems to settle the episode by saying "I forgive you, everyone makes mistakes", seeming to waver her child's aggression. As seen above in the avoidant category, confrontations and emotionally charged situations are often avoided and circumvented, yet in this avoidant story the engagement in violence and aggression is strong.

(Protocol A2/Fight with a Friend)

Child 1 says: "yes mom it's me"

Child 1 goes to mom. Mom: why did you slam the door?

Child 1: "I'm sorry mom

Mom: "go to sleep child"

Child 1 goes to sleep. Then child stands up, he is not listening to his mom. Then he jumps through the window and goes to his friend's house.

His friend fights with him, he hits his friend, and the friend tells his mom.

Child runs home and jumps through the window and goes back to sleep. The friend's mom knocks on the door. Mom opens the door and the moms sit together. The mom tells child's mom he hit his friend. M wakes up child: "why did you hit your friend? Must I hit you with the belt?"

Child 1: "no, I'm sorry mom

Mom: "go to sleep"

Child 1 didn't listen to his mom; he sat next to his mom. His mom fell asleep and B was watching TV. Then M woke up and went to sleep. Child 1 fell asleep on the couch.

In this example the mother dismisses the child and sends him to sleep instead of having to manage and contain his emotions. The child escapes the uncontaining house and runs back to his friend in order to continue the fight, suggesting a wish to escalate the violence and express his uncontained aggression. He also does this perhaps to engage with some kind of connection he could not get at home or in order to force a connection between himself and his mother, which happens later in the story. Child 1 repeatedly does not listen to his mother, disregarding her and minimising her authority and she eventually reacts with violence and aggression towards the child.

Stories presented by avoidantly attached children typically demonstrate a minimisation of emotion and behaviour, a restricted parent child relationship and a retreat from highly emotional scenarios. Avoidant stories occasionally demonstrate excessive emphasis on action in order to avoid emotional connection. However, the above examples demonstrate how certain protocols within the avoidant category present with ambivalent characteristics and particular stories in these protocols are escalated and sometimes display violence, rather than the expected minimisation and avoidant strategies used by the avoidant story teller. This suggests that the children producing these protocols may display some characteristics that are different to other avoidantly classified children. Some stories in the protocols present with high expressed emotion and heightened violence and aggression. This stands them in contrast to other avoidant stories. These protocols may present with difficulties when scoring the ASCT as they do not display standard avoidant characteristics and thus they have been separated into a sub-category of their own, under the umbrella of the avoidant category.

4.5 Disorganised Attachment

The disorganised category makes up a significant portion of the results and is equal in size to the ambivalent category, as demonstrated in Table 11. Interestingly, what became apparent upon analysis of the data was that the story stems classified as disorganised differed in certain characteristics. This enabled the sub-labelling of differing typologies of disorganised attachment.

The subtypes identified in this study proposed varying degrees of disorganisation existing on a continuum, from less disorganised and more coherent to extremely bizarre and almost rambling story stems. The following characteristics have been used in order to differentiate the stories from one another. Firstly, coherence or incoherence and bizarre elements. This category looks at the extent to which the story stem is coherent and whether bizarre elements are present or absent. Secondly, the story is analysed to determine to what degree violence and aggression occurs within the story stems and how is aggression dealt with and expressed. Thirdly, the role of the outsider is examined to determine their level of threat to the family. The final characteristic is food. Food is a major theme across most story stems and in this category its role is analysed in the disorganised attachment subcategory. Each of the characteristics above is expressed within the story stem and has led to the development of certain categories, which are as follows:

Table 3

Category	**Bizarre Elements**	**Coherence**	**Violence**	**Outsiders**	**Food**	**Degree of Disorganisation**
Disorganised Coherent	Absent	Coherent	Constant Violence	Dangerous	Present	Less Disorganised
Disorganised Incoherent	Absent	Incoherent	Intermittent violence, out of context	Dangerous	Present	Moderately Disorganised
Disorganised Bizarre	Bizarre elements	Both Coherent and Incoherent	Extreme Aggression	Dangerous	Absent	Severe Disorganisation

4.5.1Disorganised Coherent: Short, Coherent and Aggressive

What distinguishes this subcategory is the presence of short, terse and coherent story stems. Their coherence stems from the lack of a confused and chaotic time sequence or order of events and the absence of bizarre events.

1. *(Protocol D6/Spilled Juice Story)*

His parents make him sit on the carpet alone and he mustn't go out of his room and play outside and he must eat alone outside of his room and not get juice.

2. *(Protocol D3/Hurt Knee)*

Mom and father take him to the doctor. The doctor gives him something for his knee to stop the bleeding.

The story stems above exemplify two complete stories from different children. They emphasise the brief nature of stories in this subcategory and demonstrate the bare story line and minimal interaction that is displayed in many of these stories. In addition to short stories, many children in this category did not engage with the dolls during the ASCT, further demonstrating some kind of disengagement with the process. However, despite the fleeting nature of the stories and detached interaction displayed in many, they present with extreme violent acts and outbursts. This is discussed further below.

4.5.1.1 "He Runs Into His Room and Kicks Her": Constant Violence

In addition to short, terse but coherent story stems, this category demonstrates constant violence and aggression. The violence and aggression is woven into the story as part of the narrative. This can be seen in the following example:

(Protocol D2/Homework Story)

Child 1 gets up and throws his homework on the floor and kicks the table

Mom: come here

Child 1 ran away from his mom (runs away from her)

Then he runs into his room and kicks her

Mom lies on the floor sad.

Child 1 then ran to his friend's house. He only likes his friend.

In this above example the child acts aggressively towards objects in the house and then towards his mother. The mother is injured by her son's attack and lies on the floor, appearing helpless and powerless. The child protagonist appears to hold the authority in this parent-child dyad and appears to do as he pleases without constraint. This story exemplifies how the violent outbursts in these shorter story stems occur predominantly between family members and within the family context. This is also seen in the following example:

(Protocol D3/Homework Story)

He is asking mom to help

Mom: "no, I'm watching TV"

Child 1: "please mom"

Mom: "No, say it one more time and I'll call father"

Child 1 stands up and hits mom in the head

Mom calls father to hit Child 1

Child 1 watches TV and doesn't do homework. Teacher shouts at him for not doing his homework.

In this example above, Child 1 acts aggressively against his mother, who then reacts by calling the child's father to physically reprimand him. The theme of violence is carried through the story when it ends with the teacher shouting at Child 1. The story reflects a family dissolving into chaotic violence and aggression. Acts of violence in this category do not seem to happen out of context but rather there is a constant subtext of aggression and as mentioned, weaved into the narrative. Acts of violence are not later wrapped up in happy endings in order to manage their aftermath and no reparation is present after the destruction, but rather they seem to have consequences for the family or protagonist; Child 1 gets shouted at by the teacher and the previous child runs away to his friend's house. Mother and father are treated with aggression by the child and also exhibit aggression towards the child. The child is left to manage the consequences and emotions on his own without the support of his parents and the situation and family is left uncontained.

4.5.1.2 "His Daddy Went Fast and He Had an Accident": The Family Is Dangerous

What is evident in the disorganised protocols and can be seen in the examples above is the absence of differentiation of roles between parents and children. Just as in the ambivalent category, there is no boundary that separates one identity from another. Children commit violence against their parents and parents against children alike. This blurring of roles allows the protagonist to exert punishment against the parents and roles and boundaries become confused and entangled. As a consequence, violence becomes expressed in an enmeshed way with all members of the family fighting one another. The family itself then becomes dangerous as there are no rules that govern behaviour. These examples demonstrate how mother and father are not safe objects and are unable to provide a safe base for the child. The family as dangerous and lacking a safe base is clearly demonstrated in the following example:

(Protocol D7/ Reunion Story)

Child 1 runs behind the car, Dad hits breaks and hits Child 1 and the ambulance takes him to the doctor

Put a new leg on because he broke his leg

This story demonstrates both how parents are unable to provide safety for the child and how they may even be considered dangerous and unable to control events. The family is dangerous and cannot be trusted to provide safety for the child. This feeling of randomised violence becomes reiterated by the treatment of strangers within other stories. In this sub-category, strangers are not considered dangerous by the story teller but often the protagonist is punished for their negative interaction with the friend. For example:

(Protocol D5/Fight With a Friend)

(Child 1 comes home and slams the door. mom says: was that you Child 1?")

Then Child 1 said yes and the door was broken and his mom said why did you break the door I am going to hit you!

You sit in your room and you never ever ever again come out the room and I'll just leave you there and you never come out.

And he was birthday and his mom told him you not going to have a birthday party you stay at home and I'm going to the party and T cried and cried and he was sad.

And

(Protocol D4/Fight With a Friend)

Mom: "Child 1 what's wrong with you! I want you in your room now!" (angry tone)

Child 1: Mom, me and my friend got into a big fight

Mom: oh god that child! I can't wait until her father gets home! Now Child 1 I am going to come in with my belt!"

Child 1: "but mom she is not my friend anymore

Mom: you are naughty Child 1, go play outside by yourself. I have to learn my dancing

From the above examples it could be considered that in fact interaction with outsiders is punished. This is not to say that outsiders in the stories are dangerous, as may be suggested by other sub-categories in the disorganised group and demonstrated later. Rather, exploration outside of the home or transgressions is discouraged by the caregivers in the story and serves to further enmesh the family. Also, if the parents are unable to provide a safe base for outside exploration, it could be reasonably expected that encounters outside of the home are expressed as precarious.

For example:

(Protocol D 5/Departure)

> *Then they went and his daddy went fast and they had an accident and the ambulance went to the hospital and Child 1 and his sister and granny went to the hospital and they said "oh dear, why did daddy went fast?"*
>
> *They stayed until 8am and wake up and went out and drive their car and went home.*

And

(Protocol D4/Departure)

> *Child 1 and Child 2 get up to mischief cos mom and dad are gone. (plays with two children)*
>
> *Child 1 and Child 2 sneak away to their friends*
>
> *Gran: where are you going?*
>
> *Granny phones to tell mom and dad that Child 1 and Child 2 are being naughty*
>
> *Child 1 and Child 2 get lost in the park: "We should have listened to granny, we are lost"*
>
> *Granny is angry the children are lost*
>
> *Child 1 and Child 2 hit each other and blame each other (dolls hit each other)*
>
> *Child 2 tells granny that it was Child 1's fault and "I miss mom and dad"*

In this above example, the children wander away from the home and are lost, saying "We should have listened to Granny". This suggests that infractions and departures away from the family are dangerous. In the former example, as soon as the parents leave the home they have an accident and are sent to hospital. This strongly suggests and confirms that outside the home is a dangerous place.

In this way danger is felt to be omnipresent for this category of disorganised child. The parents are unable to offer safety and violence is rife at home yet the outside world and the people in it are also dangerous. This suggests to the reader the kind of psychological world that the disorganised child lives in.

The idea that the psychological world of the disorganised child is filled with danger is reiterated in one particular story which demonstrates how the protagonist is unable to manage and contain the danger in his world. In the monster in the bedroom story stem, the child and parents are unable to give a name to what might be in the room. Time and again children characters are told there is nothing in their room and to go back to sleep. This inability may reflect several characteristics of this category. Firstly, within this category there is the sense of an unnameable, uncontainable danger

within the family and this is really displayed by the inability of the parent to recognise and contain the monster and the inability of the child to communicate his fear to the parent.

(Protocol D3/Monster in the Bedroom)

Mom and father run to his room: Where is the monster?

Child 1: I don't know I just saw it

Mom and Dad look everywhere for the monster

Child 1 dreams about the monster

In the above story stem, the parents are unable to find the monster or unable to comfort the child. The child in the end, unable to communicate to his parents what he saw or even request comfort, is left with the fear which pervades his unconscious and is expressed in his dreams. In the following example, the child earnestly attempts to communicate their fear of the monster to their parents and is instead met with harsh punishment.

(Protocol D1/Monster in the Bedroom)

Dad and granny run up: switch the light on there's no ghost; you are just scared to sleep. If you call me again you will get a smack

Child: okay

Child: Mom, dad! there's a ghost! (father goes back up)

Father: now you are going to get a smack! (father hits him)

The protagonist in this example is appealing for help from his parents to manage his frightened emotions. The parents acknowledge that the child is afraid but are unable to offer comfort and instead resort to violence, suggesting they themselves are unable to cope with the fear of the child. This may indicate how calls for help and comfort are met with anger or possibly distress by the parents in the story. These parents are unable to provide the safety needed by the child and needy behaviour is thus discouraged. This is done without naming or recognising the fear of the child or being able to contain it. The child is left with the fear of the ghost as well as the knowledge that asking for help is forbidden.

Thus we see that not only is the life of the disorganised child filled with dangerous objects but that danger is unmanageable by either the parent or the child. No-one seems to be able to offer safety or solace to the child. The child themselves lack any strategy for dealing with such danger.

4.5.1.3 "They Brought Him Food To His Room": Food As A Source Of Comfort

If the enmeshed family is a source of danger, it is also a source of comfort and sustenance. This conflict is seen by the inclusion of scenes of the family partaking in food.

> *(Protocol D4/Reunion)*
>
> *Parents: Hi children, our trip was nice, we have a surprise for you! (Happy tone) We brought you presents*
>
> *Children: "mom can we play with our presents at a picnic?"*
>
> *All the family members get in the car (drives the car to the picnic place)*
>
> *The whole family has a picnic*

This story appears in the midst of a chaotic and violent disorganised narrative and seems to provide an island of calm. The family members seem to get along and get together for a picnic. The inclusion of food in this story stem brings with it a window of comfort and peace.

And

> *(Protocol D6/Hurt knee)*
>
> *Mom and dad took him to the hospital and they x-rayed his leg and put a bandage on it and put him in a wheelchair cos he couldn't walk and they took him to his bed cos he wasn't allowed to play until his knee became better and they brought him food to his room.*

Here, the act of bringing the child food demonstrates how the mother is also a source of comfort and can provide for her child's material needs, although any real emotional comfort is missing from the story. It can be observed from examples such as these how the disorganised child may feel confused and lack a strategy for approaching the caregiver, as here mother is portrayed as the caregiver, whereas in other examples mother may be dangerous and violent object.

The presence of food in the above stories may present a mitigating factor, allowing for the introjection of some nourishment and care. This is clearly demonstrated in the above example where the mother brings her child food after he hurt his knee and the former example where the family interacts around food in a peaceful and uneventful way. The family is both the source of care for the child but the attention comes at the cost of safety and security, as seen in other examples.

4.5.2 Disorganised Incoherent: Chaotic, Incoherent, intermittent aggression

4.5.2.1 "Time To Wake Up. Wake Up" : Incoherence

The nature of the story stems within this category suggests that these children experience attachment at the lesser end of the disorganised scale, possibly closer towards ambivalent

attachment. There are several characteristics that mark this disorganised subtype. Stories in this category seem to present with a detailed and lengthy narrative, often with fragmented time sequencing. For example, characters in the narratives will often go to sleep and then get up again several times, performing tasks in between.

This example below shows several events that take place within one night:

(Protocol D 17/Departure)

Granny: "Child 2, it's bed time. Time for bed"

Then the granny switches off the TV and goes to bed.

Child 2: "Time to wake up, wake up!"

Child 2: "Let's all go and swim!"

(Makes the swim in the pool)

Granny: it's time for bed, let's go to sleep

(Makes all of them lie down)

(Child 1 and Child 2 get up and walk to the edge of the table)

Child 1 and Child 2 went to watch movies but Granny woke up and saw that they weren't there.

Child 1 and Child 2 get back and go to bed.

The next morning (all seated at the table)

As can be seen, one night within this story stem presents with multiple events, such as getting up and going out several times, even getting up to swim. The irrational time sequencing viewed in these stories is symptomatic of an inability to compose a rational and orderly sequenced story and the internal state of the disorganised child is reflected in the incoherence of the story stem. The lack of a coherent strategy exists with which to approach the caregiver and maintain proximity is reflected in the chaotic time and activity sequence, giving the feeling of the story teller throwing every resource at the reader.

A similar process is viewed in this next example:

(Protocol D 16/ Monster in the Bedroom)

Father: Let's go to bed

Then the brother went to sneak, to go in the kitchen for food. Then the mom and father was hearing footsteps.

He went to go and call his brother: "come let's get food"

"okay"

They hearing steps.

Now they making something to eat. Okay. Now they eating and watching soccer. Now they going to sleep. "goodnight". (They swap rooms).

The example above clearly presents a narrative in which children perform daytime activities at night after bedtime and with characters waking and sleeping several times. An additional chaotic note can be seen in this story stem in the way the children swap rooms before going to sleep. It is interesting to note, as in the above two examples, the chaotic nature of the story stems is most clearly seen at family bedtimes. Also, a common activity in which to partake after going to sleep is getting up to go and eat, also seen in the example below:

(Protocol D16/ Departure)

Babysitter: "now it's time for bed, tomorrow we will watch the other movie"

Child 2: "goodnight" he went to sleep.

Child: "goodnight babysitter"

Now she's cleaning, cleaning, cleaning. Now she goes to sleep. They didn't know she could fly.

Now the boys went to fetch food, they hungry again. Hear steps. Now they making food.

Babysitter hears that and wakes up. Now she can fly. Now they go into the room and the babysitter is looking at the boys.

Babysitter flies and knocks three times: "what you doing? Why you watching movies? Tomorrow is school."

Child 1 and Child 2: "goodnight"

Now it's school time

The above two narratives display the chaotic nature that characterises this sub category. Time seems disturbed and transient as children go to sleep, re-awaken and perform actions all in one night. The rules that govern actions and time seem to have been dispelled as there are little boundaries that differentiate night from day. This lack of boundaries of time is what predominantly gives this subcategory its chaotic feel.

4.5.2.2 "They Hungry Again": Food As Nourishment

As mentioned, food is a prominent theme by which the story stems are categorised. It is something which is constantly present in this subcategory and is weaved into the chaos, such as in the example

above where children get up to eat in the middle of the night. This may be relevant. As the child says, “they hungry again”. The feeling is that of not being able to get enough or nourishment not being regularly given but rather obtained in a frenzied fashion. Food is a theme which is either significantly present or absent throughout the different categories of attachment as well as the subcategories of disorganised attachment. Food itself and the act of eating may represent the ability to receive and introject nourishment from the family or caregiver-child relationship. In this subcategory, the family may sit down to a meal, the mother may prepare dinner or lunch for her children and the babysitter may use food to compensate for the parent’s absence in the departure story. If this subtype makes up the lesser end of the disorganised scale, the inclusion of food as part of the repertoire of parent and child activities may signify something healthy gained from the relationship. In other words this kind of inclusion of food in the stories may indicate the presence of some kind of mitigating factor. For example:

(Protocol D 16/Fight with a friend)

Child 1: Yes mom it’s me

Mom: did you have fun?

Child 1: yes but we had a fight, I won, he fought with me

Mom puts Child 1 by in a new school where he made friends

Mom: did you have fun?

Child 1: So much fun

Child 1: mom, will you make me dinner?

Mom: sure

Mom made him dinner

In the example above, the comfort of food comes after the child has a fight with his friends and is moved into another school. What is missing from the above example is any kind of emotional comfort offered by the mother to the events that occurred in the beginning of the story. Rather, it could be suggested that in place of emotional comfort is the act of feeding. The role of food as calming and reparative is clear, with the child almost physically asking the mother for care and nourishment and the mother complying.

Food is a factor which seems to appear in disorganised categories that are down the scale in terms of degree of disorganisation. The food appears in the form of a replacement for emotional comfort, which is absent from the story stems. Food may be able to be viewed as a hallmark of parental care and a mitigating factor in the disorganisation of the child. This will be discussed further in the results section.

4.5.2.3 "Mom Came and They Were All fighting": Explosive Violence

While the presence of food suggests nourishment and displays acts of care between child and parent or caregiver, there are equally signs of dangerous and violent outbursts between family members. The nature of the violence appears to be quite limited in the story stems and is not a distinguishing feature. It can be described as episodic in nature, occurring in almost short, random outburst. When violence does occur, it erupts between all characters, often with family members acting aggressively upon one another without precondition or out of context of the story

(Protocol D17/ Hurt Knee)

. . . Then they come home and eat and Child 2 jumps on Child 1 and hits him and they start fighting.

(Makes Child 2 jump on Child 1 and start fighting)

Then they go and live in separate houses

(Child 1 and Child 2 on opposite corners of the table and go to bed)

Then they all got along and stayed in a big house

This type of random violence may reflect both the confused internal mind state of the child as well as the disordered nature of the home environment. The random violence may also be viewed as a metaphor for that of the caregiver-child relationship, where violence may erupt unexpectedly but also gives the feeling that home is never a safe place and one can never be prepared for what may happen. It is important to consider the nature of the violent outbursts in the story stems. Aggression often erupts between family members, as can be seen from the vignette above and below.

(Protocol D 17/Monster in the Bedroom)

They go and get Child 1 from the hospital.

Child 2 teases Child 1 about having a broken leg and brags that he doesn't.

Child 1 and Child 2 fight outside the hospital and Child 2 boxes Child 1 in the nose.

(makes Child 1 and Child 2 fight)

Dad comes and hits Child 2. (makes dad hit Child 2)

Mom came and they were all fighting.

But the next day there is no more fighting and they all go to the park and play.

Although the aggressive act starts between the two siblings, soon mom and dad are involved and the whole family becomes embroiled in a short but violent act. Violence, such as in the example above, gives the feeling that the family is dangerous and no one is safe or can offer safety. Parents are unable to control the danger and even feed into the violence. Some acts of violence may not erupt specifically between family members and may happen between other characters in the story or even towards inanimate objects, for example in this short vignette:

(Protocol D17/Homework Story)

Child 1 switches off the TV and mom was sleeping.

(Child 1 goes to sleep on the table)

Mom wakes up and kicks the TV

Also, violent outbursts seem to be ignored by family members and do not disrupt family life, with things carrying on as normal, as can be seen in the examples above where the family goes to the park and plays and lives happily in a big house. In the following example, mom intervenes on behalf of her son and instigates a violent act. Following this, life continues as normal:

(Protocol D 16/Fight with a Friend)

Now they go to the friend's house.

Knock knock knock

"Who's there?"

Mom: "why you throw my son with a stone just cos he was winning the whole time? Now throw it back"

Child 1 throws his friend with a stone at his head. It hits him on the head.

Now they were friends again and play with each other.

Mom goes home and watches TV and cooks.

This may merely be indicative of life where violent outbursts are the normal course of the day but it also suggests a rage which is present and can only sometimes be contained but is unable to be acknowledged in the family system. The pain and anger of the child does not hold any weight in the family of the disorganised child. It may also suggest that aggression is so unmanageable for the child that its consequences need to be immediately mitigated by a

positive ending. This acts to undo the violent outburst and appears to re-forges a connection between family members, where there was risk of it being violently severed through injury or death. This sporadic explosion of violence and the ensuing undoing by the story teller contributes to the chaotic feel of the stories as they are unpredictable and inconstant.

4.5.3 Disorganised Bizarre: Extremely Violent And Bizarre

Stories within this category present with certain characteristics which clearly differentiate them from the other categories and also suggest a more severe and pathological level of disorganised attachment.

4.5.3.1"A Couch Full Of Blood": Bizarre Elements

The primary distinguishing feature of this category is the presence of bizarre elements in the stories. This gives the stories the feeling of detachment from reality, surrealism and a chaotic and disordered feel.

(Protocol D14/Monster in the Bedroom)

Granny wakes up and puts Child 1 back in bed and Child 2 sleeps and Child 1 scares Child 2 and Child 2 hits Child 1 and kicks Child 1 in the heart and in the face and lies on the couch and the couch is full of blood

What is so striking in this example is the violence that is beyond what other categories have presented. In this example, the violence is deadly and purposeful as the children hit one another in vital organs. The story also presents with a grotesque and horror filled element of a couch soaked in blood. This seems an apt metaphor for the life of this child as one full of blood and horror.

(Protocol D8/ Monster In The Bedroom)

Mom: "where is it?" (mom comes to bedroom)

Mom: "I can't see it, stand up and show me"

Child 1 gets up

Child 1: "here here"

Mom: "I can't see it"

Dad comes in

Dad: "where is the monster?"

Granny becomes the monster and says he'll come and get Child 1 while flying over him

Dad: "there's no monster, sleep sleep"

Monster: "Child 1 you must wake up"

Makes a noise like a snake

The monster puts a snake in Child 1's bed

Child 1: "dad! dad!"

Dad comes

Dad: "where where where?"

Child 1: "snake snake!"

Mom wakes up and throws boiling water on the snake

Monster: "I will get you!"

Mom: "you cannot sleep here, come and sleep with us"

Ghost sleeps in the bed and flies over the sleeping mom, dad and Child 1

Child 1 wakes up

Child 1: "here's the ghost"

Mom and dad and Child 1 catch the ghost and put him in boiling water and burn him

Child 1: "I'm going back to sleep"

(Goes to sleep)

In the examples above it is clear how the bizarre elements are embroiled with extreme violence and fear. Events are not merely dangerous but deadly and parents are unable to offer any safety or maintain control of the family. In the ghost story, Child 1 runs to sleep with his parents and yet the ghost follows him there. The family together has to kill the ghost in a gory way. In the end, the incident is barely noticed by the family who just go back to sleep, as if boiling ghosts was a natural part of any day.

The bizarre elements of these stories separate this subcategory from the others in a definitive way. This characteristic suggests a detachment from reality which is quite frightening to the reader and may even be frightening to the child. It could be considered that the psychic life of the disorganised child in this extreme category is also filled with bizarre and frightening elements, just as portrayed in the story.

In addition to the extreme violence seen in this category, there is another facet to the bizarre elements, namely the presence of death. Death was suggested in the first example which presented with the couch of blood, but in many examples it is dealt with in a more direct but transient way. Violence seems to end in death in many cases

(Protocol D10/ Homework Story)

"Who did maths homework?"

Child 1 and kids put up their hands. She checks homework

Teacher: "this is not done. You lied to me"

Child 1: "ma'am my mom didn't want to help"

Teacher punched him in the face, shot him in the stomach and pushed him into the garbage.

(The mom) Took him to the hospital and killed him with a knife.

The presence of death takes the violence and aggression to an extreme and disordered level which is not present in other categories. As mentioned, the violence here is purposeful and fatal. Death is also presented as a means of self harm, the wish to be dead:

(Protocol D9/ Hurt Knee)

Mom says: why were you on the rock? You know your sister was in hospital, do you want to be dead?

J: yes

This wish for self-harm or death may represent an expression by the child of the immense danger that is represented in the parent child relationship. The wish for death is the wish to be away from the parent, who cannot offer any safety and in fact is harmful or toxic to the child.

(Protocol D8: Hurt Knee)

Dad: why did you climb on the rock?

Child 1: sorry dad, I wanted to fall

Dad: why did you want to fall?

Child 1: I wanted to break myself

It is interesting to note that these expressions seem to occur within the park story, where the child falls off the rock and hurts his knee. It appears the children have chosen to interpret the actions of the protagonist as intentional rather than accidental and the cry for help rather as an expression of suicide. Another aspect to this characteristic is the fluidity of death in the stories. Characters are killed and come back to life at the whims of the storyteller.

(Protocol D9/Hurt Knee)

Dad: let me call the hospital

Hospital comes and takes Child 1 to the hospital. They call mom.

Child 1 died because she couldn't breathe and things.

They went to her funeral. Mom took her out of her grave and took her home and put her in the bath and put her in bed.

Sister wakes up: where is my sister?

(later)

She goes on the rock with her friend and then she goes and swims and drowns.

Dad comes and jumps in water and feels sister and pulls her out the water, but now she is really dead.

They all go to her funeral and everyone is crying and they walk slowly home

The act of killing off characters and bringing them back to life, only to kill them again has a flavour of omnipotence and perhaps wish to control the events of the stories and their relationships. Events which are scary, dangerous and unpredictable, as in the stories, come under the magical control of the story teller, even if this means loved ones die.

(Protocol D 11/Reunion)

"Mom and dad, the babysitter is a robot!"

Child 1:" see mom! Take her away! We don't want her cos she's dumb and not beautiful and she told us what we had to do and we couldn't decide"

They were very afraid of her

"Here comes the robot! What are you doing in my house?"

Child 1: "stop it babysitter. This is MY house, not your house! We will smack you!"

And the babysitter kicked her and the mom and the sister but not the dad

Dad hits the robot and she's dead but only for a little tiny time.

Then she hit the grandma and the grandma smacks her and she falls and runs and trips dad and granny and granny kills her.

Granny sits on the couch and relaxes and she eats a good meal.

Child 1 comes and says:" this isn't your house and granny grabs the knife and stabs mom in her heart and all the family."

In this story, the aggressor at first is the evil babysitter turned robot who attacks the family. In the end, it is the granny who becomes the aggressor and stabs the family members. There is also the suggestion of grappling to control and process violence and aggression. There is an element of perseveration in the way characters are killed and brought back to life which is reminiscent of the processing of trauma. There is a note of sadness and mourning in the following example which may hint at the emotionality of the trauma of the violent relationship

(Protocol D14/Hurt Knee)

Dad comes and picks him up and puts a plaster on and mom says is sad.

granny jumps off the rock and falls down and hurt her back and dad helps her and puts her on his shoulder and takes her to the doctor and in the doctor and lying on the bed and Child 1 tries to jump off the rock and falls on her stomach and her stomach was bleeding and takes her to the doctor and there are only 3 people left.

This subcategory is the only one in which death is discussed by the storyteller, yet not only is the presence of death important but the way in which it is handled. Characters violently attack one another with the aim to cause harm and dead characters are brought back to life by the story teller at will. Children also wish for death, possibly as a means of escape from their contexts. The use of death in this category heavily alludes to the degree of disorganisation present.

4.5.3.2 "And he was a good monster": Fluidity of Roles

What is evident in the robot example above, in addition to the fluidity of life and death, is fluidity of roles within the family. This is something which is common in this category as characters change identity and swap roles.

(Protocol D8/ homework Story)

Teacher: Child 1, who wrote this for you?

Child 1: my mom

Teacher: bring your mom (Child 1 goes to watch TV)

mom goes to school

Teacher: why did you write this for your child?

mom: I'm sorry

Teacher: you are a child now

(Mom is sitting at the school table)

Mom: 1+1=200

Teacher takes stick and smacks mom 3 times

Teacher: how did you get that 200+200=300

M: ok, thank you

Mom goes home

Child 1: hi mom

Mom is doing her homework

Here, the mom can be seen to become a child and attend school. She is beaten and reprimanded by her teacher. The child appears to have taken on the parental role and greets the mother when she arrives home from school. The swapping of roles gives a feeling of chaos and unpredictability to the stories where nothing is stable and secure. There is no safe base strong enough to protect the child.

(Protocol D9/ Monster In The Bedroom)

Mom sees the monster

M: "get out of the house" and he broke everything and he takes the other sister to his house

Monster: don't tell mom you can sleep here

And he was a good monster and he made her food and she went to sleep

In the example above the monster which was originally evil and broke everything in the house then becomes a "good monster", feeding the sister. This demonstrates to the reader again how things may not be as they appear in the stories. Nothing is reliable and the child is unable to depend on anything. Monsters are good and babysitters may be robots. In addition to giving the feeling of unpredictability, the swapping of roles also provides another factor the bizarre characteristics presented by these disorganised children.

4.5.4.4"She didn't Give Us Food": The Absence of Food

Whereas food has been presented in previous examples as a mitigating factor in the degree of disorganisation, food in this category represents something very different. This example also serves to show the importance of food in this category, whether it is absent or withheld or possibly even transformed into something deadly or unsavoury. For example in the example below:

(Protocol D12/Reunion)

Child 1 and Child 2: mom and dad!! (hug and kiss each parent). That was terrible mom, don't bring her again by the house she hit us the whole day, the whole night she didn't give us food.

In this example the babysitter clearly withheld food from the children and this is what makes her a bad babysitter, among other actions.

(Protocol D12/ homework)

Child 1 takes her books and shows her mom.

Mom: that was quick

She sits with mom and watches TV

Child 1: mom, I'm hungry

Mom: there's no food.

In this example mother explicitly says "there is no food". The mother in this story is literally unable to provide nourishment or care for her daughter. In addition to food being withheld, the introjection of food is often tampered or poisoned in some way, where food is no longer in its original form. This is seen in the example below:

(Protocol D14/Departure)

The babysitter watches TV and asks for milk and Child 1J gives her a glass of Jik and she goes to sleep and Child 1 kicks Child 2, Child 1 kicked Child 2 and hit Child 2 on the face, get him by the neck and threw him.*

Here, the babysitter receives Jik instead of milk and goes to sleep. In this case, the alteration of the food could be deadly. Also, in this case the mixture is in a way deadly as without the babysitter, the children erupt into vicious fighting. In some cases, food may not be deadly but the form of the food is changed so that it is not in its original form but contaminated.

(Protocol D13/ Spilled Juice)

Child 1: "can I drink some juice mom?" and he knocks the glass again.

Mom: "Child 1!"

Child 1: "sorry mom". Drinks the coffee and puts in boiling water

Mom wants to drink: who did this Child 2? Who put chocolate in my coffee?

The glass fell down and broke.

Sits on the floor and munches. Munches other plate as well. Table fell down. Ate the table- tastes like chocolate cake. Teeth fell out. Gives mom flying kick. He is in jail now.

In this example the mother's coffee is contaminated by the child. Also, regular objects in the home become edible, such as the plates and tables but still dangerous enough to break teeth. Food is not what it seems and is not nourishing.

(Protocol D13/ Departure)

Car moves away.

Grandma: who wants R10?

Children: me me me!

Granny walks past, gives them R10 each. She goes and buys chocolate.

*Jik is common South African household bleach

Got their chocolate and open and saw a piece of wood, goes back, "this is wood, no looks like wood but it's chocolate, sorry"

They both faint, "what happened?" (anxious) "Children?" She also faints

This example shows how what was thought to be food in fact looks like something else. The food is disguised as inedible. Interesting in this example is also the freezing response had by the children and grandmother where they all faint, seemingly out of anxiety.

This theme is reminiscent of the theme of swapping roles within the family as objects are easily transformed into something else; again giving the feeling that nothing is dependable for the child. Food is not nourishing and taking in nourishment may even be dangerous. It also adds a magical and bizarre feeling to the stories as things happen that are not possible in reality. Again food may be used by the child in a purposefully violent and fatal way.

4.5.4.5 "It Was A Killer, A Real Killer": Strangers Are Dangerous

In addition to parents being unsafe, violence is projected out in that outsiders are dangerous as well. Babysitters are deadly and fights with friends escalate to extreme proportions.

(Protocol D12/ Fight with a Friend)

"Yes mom it's me. Now don't shout at me"

She ran out and bang the door and hit her friend

She kicked her friend. Bo! bo! bo!

Friend: why you hitting me cos you not my parents

Child 1: I had to cos you say you not my friend. I have muscles you don't gym that's why you don't have muscles. You don't even know what is muscles.

She kicked the girl and the girl smacked her. She smacked the girl in the stomach.

"I'm going home cos I'm tired"

And

(Protocol D9/ Departure Story)

they went to sleep and saw more TV.

That evening they went and got DVD's and they heard a new noise, there was someone by the door and it was a killer, a real killer! . . .

Here, strangers are literally expressed as dangerous as the person at the door is a killer, a "real killer". In the life of the child in this category, the family is dangerous as is outsiders. No one is able to offer safety and appropriate care.

The three categories above constitute the disorganised category and demonstrate the escalation of disorganisation of attachment. The way in which the story tellers make use of certain characteristics or markers has been used to evaluate and classify these stories into categories, as discussed above.

CHAPTER FIVE: DISCUSSION

The purpose of the ASCT is to classify the attachment relationship of children in middle childhood. Using thematic content analysis, collected story stems of the ASCT have been analysed to investigate what additional themes occur within and between attachment categories. Not only has this provided novel insight into the relational workings between parent and child in each category, but using object relations as a tool of analysis, interpretations may be made which contribute to a better understanding of the inner mental experience of the child within different attachment categories. The discussion section shall be divided into two sections. The first shall discuss the presence and defining characteristics of sub-categories of attachment which were identified in this study. The second section shall demonstrate the use of an object relational analysis to consider themes identified in the results.

Important themes have emerged in the results such as the presence of food within the story stems, the capability and roles of caregivers and children as well as enmeshment of boundaries and identities. In addition, through thematic content analysis, irregularities have been identified in a number of stories, which suggest that while they may be broadly classified within the four known attachment categories which act as an umbrella, they may also be considered separately as subcategories. This suggests that attachment classifications may not exist entirely in the discrete categories which are generally accepted, but may rather have finer gradings within categories and possibly exist on a continuum of attachment, moving from avoidant, to ambivalent and disorganised.

As this study investigates themes occurring in the disadvantaged South African context, it must be considered whether the themes identified are generalizable to other populations and communities. In addition, there are particular themes identified in the data, such as excessive use of violence, which may be accounted for by the specific context in South Africa, similar to Dawes (2000, in Tomlinson et al., 2005) who credited high levels of disorganisation in their attachment to high levels of family abuse in South Africa.

5.1 CATEGORIES OF ATTACHMENT

As demonstrated in the results, there are a number of themes which suggest that the creation of additional subcategories of attachment is necessary. The current understanding of attachment suggests that attachment can be categorised into discrete categories, namely, secure, avoidant, ambivalent and disorganised (Ainsworth, 1985). The style of attachment is formed when child and parent enact a repetitive set of behaviours thus forming a style of interaction. Each category of

attachment is currently conceptualised around a characteristic set of displayed behaviours enacted by the child in response to the parent, for example the escalation of behaviours in order to maintain the attention of a parent who is felt to be inaccessible by the child (Cassidy & Berlin, 1994; Bowlby, 1969). Currently, there is no room for the child who may display idiosyncratic behaviours which may not fit exactly into the predetermined categories. The formation of these new subcategories proposes an alternative fluidity to attachment and the existence of categories on a continuum, rather than the current discrete divisions. This may allow for some latitude and increased accuracy in terms of classifying children into attachment categories. The alternative categories are discussed below.

A number of predominant themes characterise the classically ambivalent category. Firstly, as can be seen in *"His dad shouted at him and he was scared": Ambivalent Escalatio*n, ambivalent story stems escalate from the very initial story. Often violence breaks out and events and emotions are heightened to severe proportions. In additions to escalations, these ambivalent story stems also demonstrate an enmeshment and boundaries and blurring of familial roles. In the theme *"Dad Ran To The Bed And Jumped On It": The Blurring Of Role,* what can be observed is that parents are commonly treated like children and roles of the family are swapped and confused. This has implications for the ambivalently attached child in that a parent who behaves and is treated like a child is viewed as being unable to offer safety or protection to the child. No-one in the family is able to take and exert control in the family or offer safety. Thus, as demonstrated in *"The Dad Has An Accident": The Parents Are Not Safe,* the ambivalent child experiences the family as dangerous and threatening. This is further confirmed by the storyteller in the way they involve the parents in random and dangerous accidents. These accidents exhibit to the reader that the parents themselves cannot control their environment and are not safe but constantly under threat. The world to the ambivalent child is dangerous. In *"That Little Sister Of Yours, I Will Kill Her": The Dangerous Babysitter* this is reiterated by the dangerous role that strangers play. Danger is projected out into the outside world, which then becomes hazardous, yet the family is also precarious. The ambivalent child finds themselves in a bind which is difficult to negotiate. Thus, ambivalently classified stories are easily discernable through their almost immediate escalation of the story stems, introduction of heightened emotion and aggression into the stories as well as displays of violence between family members (Granot & Mayselles, 1991). Family roles are also enmeshed and blurred and stories are imbued with a pervading sense of danger.

Thematic analysis revealed several stories within generally ambivalently classified samples which had distinct avoidant characteristics, such as minimisation and a retreat from the parent child

relationship, and were quite dissimilar from the classical ambivalent sample, as demonstrated in *"Don't Be Scared Or Worry": Ambivalent Minimisations*. I have termed this Ambivalent B. One example may be the hurt knee story, where the family quietly patches up the child's knee and continues to eat without further disruption. This story stands in clear contrast to the escalation and aggression seen in its counterparts. However, unlike the Avoidant Mixed category where ambivalent traits clustered around stories such as the Hurt Knee story stem, the presence of avoidant characteristics were not linked to particular stories, in other words, there was no pattern or clustering of characteristics to specific story stems. Despite this, it seems that the same consideration may be given to this subcategory that perhaps certain children respond to these stories with minimisation of emotion and a withdrawal of contact from the caregiver. This suggests that perhaps certain children may be understood as having Ambivalent-avoidant characteristics, rather than just being classified as ambivalently attached.

When analysing the avoidant category, there appeared a number of defining themes. Characteristic avoidant story stems presented with minimisation of events, lack of clear relationship between parent and child and a minimisation of emotion. Some stories presented with an intense focus on activity in order to avoid emotional connections between characters. The first major theme of the avoidant story stems present with an abundance of food. In *"And They Asked Granny for Eggs and Bacon": The Presence Of Food,* food regularly appeared in the place of emotional contact and caretaking. The most common example of this occurs in the departure story as the protagonists fail to demonstrate an emotional response that would be expected in a securely attached child, in other words, distress at the departure of the parents. In turn, caretakers in the story do not demonstrate emotional responsiveness to the children. In place of emotional interaction between caretaker and child, food is requested and prepared. In this way, food acts as a physical form of caretaking and a soothing and placating element. Food appears to stand in the role of emotional expression. Also demonstrated in the story stems is the need to cushion the food and the act of eating in a routine of preparation and cleaning. This seems to act as some kind of container to the eating, placing boundaries around it by keeping the act itself neat, tidy and controlled. This shall be discussed further in the object relational discussion. Another way in which emotional interaction is limited is demonstrated when the parent is unable to soothe the protagonist, most commonly seen in the monster in the bedroom story stem. In this theme titled *"It's Just Your Imagination": The Inability to Soothe,* fears and distress of the child is minimised to the extent that it can be dismissed and forgotten. This can also be seen in the hurt knee story stem where the parent is unable to soothe the child with the hurt knee. Emotional comfort is missing from the story stem and thus the story teller has the parent take the child to hospital or a doctor so that in essence someone else may perform

the caretaking act. The final theme in the classically avoidant category is a continuation of the two themes discussed above. In the homework story stem, the emotional unavailability of the parent can be clearly seen. In *"No, I'm watching TV": Emotional Unavailability* the mother is unable to be present and available for her child. What can be seen in the summary of the themes of the classically avoidant category is a common thread of emotional restraint and unavailability. Child protagonists are unable to express emotion to their parents in the stories and parents and caretakers are unable to respond. Stories have a chaste and repressed feel with an emphasis on action, routine and practicality.

Analysis revealed that within the avoidant category there also appeared a number of story stems which, although on the whole were clearly classifiable as avoidant, nevertheless presented with ambivalent characteristics, which are quite anomalous to the avoidant category. This sub-category has been termed Avoidant B. As the results show, certain stories in this divergent sub-category demonstrated an escalation of events, emotional escalation and sometimes even violence. This is demonstrated in *"The Whole Family Is Lying On the Grass": Avoidant Escalations*. This stands in strong contrast to their counterpart stories under the avoidant umbrella. For example, instead of deflecting the issue of the hurt knee in the third story stem, children in this newly identified group will have many family members sequentially fall on the rock and injure themselves. Interestingly in this group, ambivalent characteristics, such as escalations and violence, tended to cluster around the spilled juice, hurt knee and fight with a friend story stems. Violence is demonstrated in *"Must I Hit You With The Belt?": Avoidant Aggression.* As discussed later, something in these particular story stems may present to the avoidant child as especially provocative, thus eliciting a non-characteristic response. Leeway must also be made in the interpretation for individual variation within the stories, but the evidence and clustering of the stories suggests a larger pattern.

This has brought into question the discrete quality of accepted attachment classifications as well as the conditions that may cause both the atypical avoidant and ambivalent sub-categories. Using the Strange Situation assessment, Mary Ainsworth (1985), allowed for the classification of infants into Secure, Avoidant or Ambivalent based on observable behavioural patterns in response to the departure and return of their mother. Main and Solomon (1986) later added an additional classification of Disorganised attachment to describe the behaviour of the infant that did not fit into the previous categories. These classifications have been found to be predictive of future relational styles and is still currently used to date (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000; Fraley & Spieker, 2003), thus indicating that the current model of attachment classification is well accepted and embraced. In their article analysing the dimensional vs. categorical nature of

attachment, Fraley and Spieker (2003) found that indeed attachment does exist on a continuum rather than in discrete categories. The accepted model of attachment is a two dimensional model with variations in the minimisation compared to approach strategies and then angry compared to resistant strategies of behaviour. This study confirms what Fraley and Spieker have found. Using a qualitative method rather than a statistical analysis, there exists within the accepted categories of attachment variations in the strategies outlined above, which suggest a more dimensional approach. Fraley and Spieker suggest this more dimensional approach is due to inconsistent caregiving and the conflict inherent in insecure attachment (Fraley & Spieker, 2003).

In attempts to incorporate these new categories into the existing ones, it may be helpful to think of avoidant and ambivalent attachment styles as occurring on opposite sides of a continuum. Avoidant children may display more ambivalent characteristics as they move along the continuum to the right, closer to ambivalent attachment, and ambivalent children showing more avoidant characteristics as they move along the continuum to the left and avoidant attachment. Thus, in between the generally accepted avoidant and ambivalent attachment may lay two newly conceived areas that are a combination of both avoidant and ambivalent attachment.

One important finding which presents with important considerations for future practice and research has been of distinct characteristics which divide disorganised attachment into discrete sub-sections. The makeup of each category suggests that disorganised attachment is itself not an isolated construct but rather a collection of subcategories which range in severity from more to less severe on a continuum. Goodman and Pfeffer (1998) found a similar occurrence when using the ASCT. In their 1998 study, four inpatient psychiatric children were selected in order to demonstrate the differing subgroups of disorganised attachment using the ASCT. They describe four typologies: The Direct Aggressive Outward type, the Direct Aggression Inwards type, the Indirect Aggressive Pseudo-Secure subtype and the Indirect Aggressive Displaced subtype. However, upon analysis of the South Africa sample, identified subtypes did not correspond to the subtypes suggested by the Goodman and Pfeffer analysis. The subtypes identified in this study proposed varying degrees of disorganisation existing on a continuum, from less disorganised and more coherent to extremely bizarre and almost rambling story stems. There are methodological differences in the two studies which may account for some of the differences. Goodman and Pfeffer (1998) used four children to demonstrate their subtypes, all of whom were inpatients at a psychiatric clinic with severe pathology. Their study was also corroborated by a detailed psychological history and relational observations. Data for the current study has been obtained from a range of children's homes as well as several outpatient hospitals and a data set of 17 Disorganised attachment narratives were

analysed. This suggests that the data in this study may have more generalizability than the Goodman and Pfeffer study; however, it may only be applicable to a South African context. No history or observational data is available. Despite the finding of distinctive characteristics separating the story stems, these categories all fall under the umbrella of the disorganised classification and are characterised by extreme violence.

At one end of the spectrum, with characteristics of minimisation and avoidance, has been identified what I have termed the Disorganised Coherent, which presents with short, detached but violent story stems. Violence and aggression is an almost constant presence yet these stories present as shorter and coherent. One story presents a child first kicking the table and then his mother during the homework story. He then runs away from home to his friend. This category has been titled Disorganised Coherent because of the coherent yet detached sentiment the stories create through their terse and unemotional nature and the disconnected way in which the children approached the story stems. Some children did not engage with the dolls during the telling of the stories. Another theme also defining this category is *"His Daddy Went Fast and He Had an Accident": The Family Is Dangerous,* demonstrating the enmeshment of familial roles and characters, as children act like adults and punish their parents and stories often end with the family dissolving into violent beatings on one another, as can be seen in *"He Runs Into His Room and Kicks Her": Constant Violence*. Food, an important theme, is also present in the theme *"They Brought Him Food To His Room": Food As A Source Of Comfort*. Food, as discussed later, may represent the need for nourishment by the child and one story presents the family going on a picnic after the reunion. The expression of the wish for nourishment may suggest the child is still receptive to responsiveness by the parent and may account for the reduced degree of severity in this category.

Disorganised Incoherent is chiefly identified by the theme of incoherent story stems. As demonstrated in the section *"Time To Wake Up. Wake Up" : Incoherence*, time in these story stems is a changeable concept and the actions of the protagonists and other characters are disordered and chaotic. For example, children in these stories may get up several times in the night to perform daytime activities such as eating, going for walks and swims and watching soccer. This gives the stories an almost surreal quality. Added to this, violence erupts out of context in the stories but is soon forgotten by the family members, with one child ending his story with "they all got along and lived in a big house". This also adds to the unreal quality of the story as it feels fractured and chaotic, with the reader, and perhaps the child, unable to anticipate what will happen next and struggling to follow the plot. Family members are represented as dangerous because violence may erupt between them at any moment and without provocation. In *"They Hungry Again": Food As Nourishment, f*ood

is also present and eating is one of the favoured post bedtime activities, with one child saying "they still hungry". Food here is similarly represented as in the Disorganised Avoidant category above, yet this category has been placed as slightly more disorganised on the continuum because of the presence of the incoherence and chaos in the stories. The stories feel dangerous and unpredictable because of the erratic violent outbursts, which leave the reader unsettled, discussed in *"Mom Came and They Were All fighting": Explosive Violence.*

Finally, the last category named Disorganised Bizarre presents with the most severe disorganisation. Characteristic of this sub-category is the presence of extreme violence and death, which is treated in a mutable way by the story-teller. Characters are killed and brought back to life again, only to die later in the story. Strangers are considered dangerous, as seen in *"It Was A Killer, A Real Killer": Strangers Are Dangerous.* Bizarre elements are present, such as murderous robots, dangerous ghosts and couches of blood. Roles and identities of characters change arbitrarily, for example in *"And he was a good monster": Fluidity of Roles,* one mother, attends school as a student in place of her child. Another theme which made this category distinct from the others was *"She didn't Give Us Food": The Absence of Food,* the absence and denial of food. One child describes "there is no food left". When food is occasionally available, it is either poisoned, such as the babysitter serving Jik instead of milk, or altered in some way and no longer nutritious, such as chocolate bars which resemble wood. In contrast to the above two disorganised sub categories, what helped to define this category as the most severe on the continuum was the inability of the child to accept or wish for food, almost as if care from the parent is accepted as no longer being available. This is in addition to the story tellers handling of death in an unfixed manner and the presence of bizarre elements in the stories. Discussed in *"A Couch Full Of Blood": Bizarre Elements*.

Through the use of thematic content analysis on the story stems of the ASCT, themes have been identified which have allowed for the recalibration of attachment categories into a more progressively graduated arrangement. Through the use of the Strange Situation, Ainsworth (1985) and colleagues were the first to be able to classify children into the three categories accepted today with the addition of disorganised attachment later by Main and Solomon (1986). However, the themes identified above suggest that perhaps there are certain children who may show characteristics which differ slightly from the overall accepted categories. These children may have been overlooked and clustered together because their overall presentation is one of avoidant, ambivalent or disorganised attachment, yet this research has identified subtler themes inside each category. Instead of conceptualising attachment as discrete categories, it may be possible, with the above data, to reformulate attachment as existing on a continuum, from lesser to more severe

pathology in functioning, using the three existing and accepted categories of insecure attachment as a guide. This may have implications for future practice and intervention when considering the conditions that may arise to such a classification and what treatments may be best suited to a child who shows characteristics of both avoidant and ambivalent attachment as well as finer gradings of disorganised attachment.

5.2 An Object Relations Discussion

While a thematic analysis of the content of the ASCT stories has suggested the need for additional categories of attachment beyond the three accepted insecure categories, an interpretation of the themes using an object relational perspective allows for further insight into the internal world of the child and the way in which the object has become internalised in each category, (McWilliams, 1994; Ritvo, 1962). Theories of attachment serve to explain what occurs between caregiver and child on a mostly external relational level. Behaviours such as crying and clinging are explained as aimed at maintaining proximity to the caregiver. Even insecure attachments are clarified as functional strategies to keep the caregiver close and children respond to interactions and signals from the caregiver (Bowlby, 1969). Attachment theory also explains how the child may internalise the internal working model of the relationship and this goes some way to describe how the child experiences internally the relationship between child and caregiver yet the emphasis remains relational (Bowlby, 1973). An object relations interpretation contributes to this understanding by offering tools for gaining a rich perspective on the inner world and experience of the infant. In this way, children who are classified as avoidant, ambivalent or disorganised can be understood from an object relations perspective. In addition to investigating the nature of the internalised object and how this is unconsciously expressed by the child, object relations may offer insight into the defences, emotional functioning and internal anxieties of the insecurely attached child (Ainsworth, 1969, Engel, 1971). Using object relations as an additional tool in the discussion may give an alternative outlook to the ego development of the insecurely attached child as well as the way in which the child views and relates to the objects in his world and in each category. Just as the Thematic Apperception Test gathered object relational analysis over time (Ornduff & Kelsey , 1996; Freedenfeld, Ornduff, & Kelsey, 1995; Westen, Lohr, Silk, Gold, & Kerber, 1990), so can the ASCT be used in this way, providing a tool for understanding and classifying attachment and object relations.

Many features throughout the entire ASCT data set suggest strong themes of projection and introjection. Klein (1946) explained that the first relation to the object occurs through projection and introjection, which work simultaneously to mould the interaction. These mechanisms serve to form the ego and superego and help defend the primitive ego from the early anxieties experienced by the

infant. Projection is used to deflect the anxiety of badness out by ridding the ego of danger while introjection works to protect the ego via taking in goodness. However, if internalisation is not secure, more forceful and intensive internalisations may occur, and similarly with projections of the self. These mechanisms become fragmented (Spillius, 2012). If the infant is unable to overcome the paranoid schizoid position, then the depressive position becomes hindered as well. The context of the participants must also be taken into consideration. Half of the data was collected from children's homes. It is reasonable to assume that children living in these homes did not receive adequate care by their initial caregiver and may have even been exposed to abuse and or neglect. In addition, living in a children's home presents with its own challenges as there are many children all vying for the limited attention of the outnumbered caregivers. Literature suggests that data collected from children who have lost parents in a variety of conditions depict stories riddled with themes of violence, ambivalence and disorganisation. Their experience can either be exacerbated or ameliorated by the post separation care they receive (Poehlmann et al., 2005;2008). The other half of the data was collected from children accessing government mental health care. The need to access the mental health care system also suggests that there are difficulties in the home environment which have led to the presence of mental health difficulties, such as anxiety, depression, behavioural problems and ADHD, and also that the management of these children has extended beyond the capabilities of their parents. The literature above has outlined the many links between poor attachment and associated mental health difficulties for children and later in life. (Bakermans-Kranenburg et al., 2008; Blatt & Levy, 2003; Donenberg & Baker, 1993).

5.2.1 An Object Relations Look at Avoidant Attachment

An avoidant attachment characteristically develops when the child's needs appear overwhelming to the caretaker and she responds with distress to the emotions of the child (Bartholomew, 1990). In response to this, the infant minimises their emotion. This helps to maintain their proximity to the caretaker by not overwhelming or distressing them. The emotional needs of the avoidant infant are therefore repressed and remain unmet (Cassidy & Berlin, 1994). This withdrawal from and minimisation of distressing emotions is quite visible in the avoidant sample as the story teller refrains from discussing distressing events, does not appeal to the caregiver for help or elicit attachment behaviours. When reading the avoidant sample, the reader may experiences a sense of detachment and almost boredom from the stories as the emotional content is so low and often stories are based heavily in activity. This helps to further avoid any emotional connection.

In this study, the classically avoidant category presented with strong themes of food, with the children often requesting food after the departure of the parents and other distressing events, such

as the hurt knee. While the preparation and eating of food may suggest a very concrete interaction between child and caretaker, food itself also represents emotional nourishment (Counihan & van Esterik, 1997)and is central to much of the theory and literature around object relations. Anna Freud placed emphasis on the initial object relationship in terms of need gratification, especially the act of feeding. In this way, the mother becomes part of a system which gratifies the need of the infant, not only in providing food but also the sensation of being warm and protected (Ainsworth, 1969). The constant reference to food in the stories suggests that the children in this category may be hungry for an emotional connection or nourishment from the parent. The eating of food may represent a wish to introject goodness, in the form of food or emotional nourishment provided by the parent or caretaker. Supporting this interpretation of the theme of food is the request for food or participation in eating after a distressing event, as discussed in the results. Characteristic of avoidantly attached children, after an emotionally distressing event, these children will withdraw and hide their emotional reaction, presenting with a calm or even happy demeanour (Cassidy & Berlin, 1994). This is seen in the stories as a failure to mention the event or display any distress. However, they do experience anxiety, for example at the departure of their parents, but are unable to display their emotions for fear of rejection by their caretakers (Fergusson, 1998; Ontai & Thompson, 2008). In this way, the placement of food within the stories provides the possibility for the child to introject nourishment he does not otherwise receive.

What was also evident from the theme of food surrounding stories in this category is that meals appear to be couched in a ritual of cleaning. Often, children and other characters can be seen to be washing and packing away dishes and sometimes wiping the tables, for example “They wash the dishes. They clean the room.” While food is a theme which is present or significantly absent across all the categories, this first avoidant category is the only category in which eating and then cleaning is present. What can be possibly inferred from this ritualistic act of eating and cleaning is that there is something which is distressing in the act of taking in food for the avoidant child. The act of cleaning represents a kind of containment or an undoing of the eating. There are several possibilities for interpretation and one scenario may be that the introjection of nourishment awakens in the child the denied emotion and need for nourishment, which because it cannot be met, is distressing. This then leads to an act of cleaning or undoing the act of introjection of nourishment. Introjection and projection are some of the defences used in the paranoid schizoid position. Other defences may be omnipotent denial, splitting, projective identification and idealisation (Klein, 1946). The ability of the avoidant child to deny the distressing event in the story, such as the monster in the bedroom, is reminiscent of Klein’s defence of omnipotent denial. Klein (1946) says that omnipotent denial of the painful situation is, for the infant, the same as the phantasied destruction of the event. In this way,

the event never happened for the child and the good experience is all that remains. This can be clearly seen in the examples where the story teller introduces a celebratory event, such as Christmas, after the departure of the parents. In this way, the departure of the parent is abolished from thought and enjoyment is all that remains.

As discussed earlier, introjections of the infant need to be secure and there needs to be a predominance of good experiences in order for the development of an internalised good object (Spillius, 2012; Mitchell, 1986). If introjections are not strong enough or there are not enough good experiences, a deficit in good objects is internalised. This means that development to and functioning in the depressive position becomes impaired. The themes in the above stories, with their dominant themes of internalisation and denial, suggest that the child in the avoidant category is operating within the paranoid schizoid position. This further suggests that there has been a lack of good experiences and a lack of an internalised good object, in other words, a good parent or caregiver. In order for the child to internalise a good object, there needs to be present a mother who is able to receive the projections of her infant and process them into bits which are more manageable and can then be re-introjected by the child. This is what Bion termed container/contained (Waddell, 1998). Themes in the avoidant category point to caregivers who are unable to contain the emotions of the child. A clear example of this failure is provided in the story where the monster in the room is dismissed by the father as the child's imagination. However, the next morning, the child comes to the father and tells him he had a nightmare. The father responds with "I don't know what to do". The father in this example is clearly unable to manage the emotions of his child and even seems overwhelmed by the child's anxieties.

Joffe (2008) describes a failure to contain where the parent is unable to hold onto the emotions of the child. They overwhelm the parents and spill out, leaving them bewildered, as in the example above. She describes:

"Alternatively, they simply overflow the internal container, manifesting in some kind of breakdown of containment of emotion. The contained has overwhelmed the container . . . . The mother seems bewildered, almost as if the anxiety, once inside her, just fills her up and infects her, as if she has no capacity at all to process it, like a stomach that is just a container and has no digestive juices. " (Joffe, 2008, p. 7).

There are many themes in the avoidant category which suggest that parents in the stories are overwhelmed by the emotions of their children. For example, in the hurt knee stories, the children are often rushed off to hospital as it seems that a bleeding knee is too distressing for the parent to

cope with. Also, in the homework stories, the children's request for help is often initially ignored by the mother, who puts her own needs first and perhaps cannot handle the needs of her child.

5.2.2 Avoidant and Ambivalent Attachment: Mixed Types

Alternate conditions in caregiving, such as harsher conditions or inconsistently dismissive parenting as a possibility, may account for the Avoidant Mixed category. It may be assumed that children in the avoidant category have responded to their contexts by minimising emotion (Granot & Mayselles, 1991). However, some avoidant children may present with ambivalent characteristics and the conditions that might contribute to this require further investigation. It may be, however, that more adverse conditions elicit more forceful defences from the child, such as projection and introjection. Children in this sub category project escalated violence into their stories, for example, in the way families one by one fall off the rock in the third story and become injured or in the escalation of violence in the fight with a friend story. The internalisation of an attacking object is also suggested in the first story where children are punished after spilling juice. It may be that harsher conditions in the home lead the child to adopt a defensive, almost survival-mode strategy. This would result in an intensification of paranoid schizoid defences and an increase in severity in attachment insecurity. These stories are characteristic of ambivalent traits, yet fall within the avoidant category.

Similarly, an ambivalent data set with avoidant characteristics has been identified: Ambivalent Mixed. Stories in this sample display a withdrawal, a minimisation of emotion and avoidance of emotional connection between parents and child. For example, in one particular hurt knee story, the family patches up the knee and continues to eat without any escalation or focus on the events. If the Avoidant Mixed category can be explained via increasingly harsh or inconsistent conditions, it may be possible that the Ambivalent Mixed category is created through similar mechanisms. This follows the idea by Fraley and Spieker (2003) who suggest that alternative types of attachment may be created through inconsistent parenting and the crisis of insecure attachment. The crisis is explained as firstly placing the child in conditions which are stressful and traumatic as well as contradictory. The child depends on the parent for safety, security and comfort yet they must deny or escalate these reactions and desires for contact in order to receive any kind of connection with their caregiver. The crisis is one in which the child must constantly balance the pull of the need to connect with the caregiver versus the push of having to deny and manage these desires. Conditions which mitigate the insecurity of the attachment must be considered if the Ambivalent Mixed category is to fall in-between the Avoidant and Ambivalent category and act as a step in increasing severity. However, more research into this is required.

5.2.3 Ambivalent Attachment: An Object Relations Perspective

Ambivalently attached children demonstrate escalation of behaviours and emotions and may present with extremes in positive and negative emotional responses (Cassidy & Berlin, 1994). This is in reaction to doubts about the availability of their caregivers as the child sees himself as insufficiently loved (Cassidy & Berlin, 1994). The child reacts with feelings of dependence on the parent but also exhibits blame (Granot & Mayselles, 1999). For the ambivalent child, an escalation in behaviour may bring them the desired attention from the caregiver, however, the child also responds with aggression to the lack of consistency in caregiving and thus aggressive and violent themes are seen within the stories (Cassidy & Berlin, 1994). This is something which emerged from the very first story in many ambivalent protocols and stories typically tended to escalate in ferocity and hostility. Family members may sequentially undergo accidents, such as spilling juice or falling off the rock and children may depict stories which alternate with scenes of intimacy with punitive and aggressive outbursts. The extremes in positive and negative can be seen in the example where the father first hits the children and then apologises before the family makes a toast.

As in the avoidant samples, some degree of violence may be accounted for by the context of the child, having been exposed to it at home, in a children's home or through secondary exposure, such as violent crime. A child exposed to violence at home, as suggested in the avoidant category, may be operating with defensive functioning in the paranoid schizoid position. The psychological experience of operating in this position is ridden with anxiety as the individual is felt to be under constant attack and threat of annihilation (Kristeva, 1941). In order to defend himself, the infant must attack first, destroying the object which wishes to destroy him. Destruction occurs through projections and projective identifications, which if unable to be received by a caring and present caretaker, become ever more violent and fragmented. This may account for the increasing violence which is a constant theme in the general ambivalent sample. Children kick and punch their parents and siblings and vice versa. Often stories dissolve into a mess of characters hitting and punching each other.

Joffe (2008) described another kind of defective container, one that is impenetrable by the child, seen for example in a mother who rejects the emotions of her child. A container that cannot allow any thought to enter into it causes the child, in turn, to internalise an internal object which refuses to understand thought and emotion: a wilfully misunderstanding object. Therefore the thoughts of the child become something bad which is unable to be understood and need to be attacked and expelled with forceful projection. The child feels that the object has retained all the good bits and returns the projection to the infant, now depleted of any good and intensified. This conceptualisation of an impenetrable container may aid in understanding the escalations in the

ambivalent category. The child experiences attempts to re- introject increasingly intensified emotion, eradicated of any goodness or understanding, as the container continues to be rejecting. If the child experiences the parent as impenetrable, he may attempt to enter more and more forcefully, thus escalating his attacks. An example which clarifies this concept is the fight with a friend story where the mother comes to help her daughter solve the fight. Among other incidences, the characters "bash" one another, one girl's "brains fall out" and in the end the house is destroyed. The escalation of events to disastrous proportions as well as the inability of the parent to contain the events is clearly demonstrated. The falling out of the brains also suggests to the reader the child's destroying any capacity to think and the projecting out of their bad thoughts.

In regards to projections meant to destroy, Klein says:

These excrements and bad parts of the self are meant not only to injure but also control and take possession of the object. In so far as the mother comes to contain the bad parts of the self, she is not felt to be a separate individual but is felt to be the bad self (Klein, 1946. pp 100)

As suggested by Klein in this quote, the person operating in the paranoid schizoid position feels himself and the object to be one and cannot separate the two. This interpretation of Klein may account for several additional themes within the ambivalent category, namely the enmeshment of roles and identities by the story teller as well as the parents befalling random but dangerous accidents. Role reversals were a common theme discovered in the literature of previous ASCT analyses (Page, 2001). In an example of enmeshment of roles in this analysis, the father in one story is grounded by the granny after not cleaning up the dishes. He later runs into his room and jumps on the bed, acting like a child. If the self and the object are felt to be the same by the child, then in the stories, parents may be treated like children, as in the above example, and children treated like parents or adults. Themes of children being treated like adults are clearly seen in the examples of sexuality in the results. Also, according to Klein (1946), not only is the object considered to be the self, but it is considered to be the bad self. As the child wishes to destroy the bad parts of the self, this may offer an interpretation of the dangerous accidents which occur to the parents in the stories as the story-teller attacks the parents, which are also thought to be the bad parts of the self. In one example, the mother trips when getting out of bed and breaks her leg. She is left lying helpless on the floor. In terms of attachment, these random accidents also demonstrate to the reader that the parent is not a safe base and cannot offer protection. In terms of object relations, in addition to attacks on the objects, these accidents may also signify to the reader that the parent cannot contain the emotions of the child; they are a defective, broken container.

Projection of the bad self means that for the child, the external world becomes dangerous and yet without containment, the internal world of the ambivalent child is also dangerous (Joffe, 2008). In the ambivalent stories, strangers, representing the outside, are unsafe. For example, in one story the babysitter threatened to kill the children. Parents are unable to protect the child from danger or contain their distress. This demonstrates how the world of the ambivalent child is dangerous on the inside as well as the outside as no-one can offer safety and containment.

5.2.4 Disorganised Attachment: Failures in Containment

Although what has been described in the above categories is malfunctions in containment as well as impediments to development in the paranoid schizoid position, resulting in the increased use of schizoid defences, the attachment styles above are still considered to be functional in that they incorporate a strategy with which to keep the caregiver close (Bowlby 1969). What differentiates disorganised attachment is that children with this attachment style demonstrate no strategy with which to maintain proximity to caregivers and they may make use of a mix of different styles or demonstrate freezing behaviours (Main & Solomon, 1986). This attachment category is found to be linked to more severe pathology and is associated with abuse and neglect (Poehlmann, 2005; Poehlmann, et al., 2008; Page, 2001; Goodman & Pfeffer, 1998). Accordingly, what has been suggested in the themes of the ASCT, when analysed using object relations, is that the functioning of the child in this category is severely disturbed. However, as discussed, it has also been found that disorganised attachment itself is not a discrete category and that variations of severity exist within this label, as has been found for the ambivalent and avoidant categories.

As disorganised attachment represents severe dysfunction in the attachment relationship, it is reasonable to expect, and has been found, that there is a severe failure of containment of the children in this category. Although categories do present with varying degrees of disorganisation, themes in this section reveal extreme violence, blurring of identity and death and resurrection. Stories may range from coherent to bizarre yet the overall composition is of turmoil, between characters as well as internally and between the self and the object.

In her paper, Joffe (2008) describes a container that is perceived to have no boundaries or structure, a non-existent container. The internalisation of the non-existent container by the child means that it is impossible for the child to be understood by the parent or even himself.

For Bion, the failure of containment may lead to increased omnipotent attacks on the mind of the self (Spillius, 1988). These attacks aim to destroy all the parts of the self that are capable of knowing, as the child has no experience of being known. These attacked parts of the self are split off and

projected out, in an attempt to be rid of them, but are experienced by the individual to continue to exist outside as bizarre objects (Spillius, 1988). Stories in the Bizarre, extremely violent category present with bizarre elements and suggest to the reader that the child is attempting to introject more and more fragmented, bizarre projections. For instance, the Disorganised: Bizarre, extremely violent category presents with the constant theme of death and resurrection in the stories. An example is provided in the story where the sister is killed but brought home from her grave and put in the bath, where she awakens. Later in the story the sister goes for a swim and drowns. The story teller says "now she is really dead". The object may be felt to be under the magical control of the story teller and this killing off and resurrecting also suggests a kind of omnipotence, as suggested by Bion (Spillius, 1988). Another example of death and resurrection is a story where the family is attacked by the babysitter/robot. The story teller says "she is dead but only for a little time". In the end of the story the granny stabs the entire family in the heart. The failure of containment may also be suggested in the stories by the presence or lack of food. While food is a theme in categories first two disorganised categories, in category Disorganised: Bizarre, food is not available. One child says "there is no food left" and when food is available, it becomes poisoned or altered, such as the story where the Jik replaces the milk and the chocolates are actually wooden.

When the container does not exist, there is no boundary in space and time (Joffe, 2008). This may explain why in the Disorganised A category, time and space is presented as fluid and chaotic. Stories demonstrate confused time, with characters getting up several times in the middle of the night and performing daytime activities, especially eating but also going out for walks and swims. With the addition of out of context outbursts of violence in the stories, this gives the reader the sense of disorientation. For example, in one story the sibling characters begin to aggressively fight and go and live in separate houses. The parents also separate but the story ends with all characters living together. Grotstein (1978) described in detail the functioning of space in object relations. The space inside the container as well as between the container and the self is very important. Over time, this helps the child to differentiate the me from the not me as well as the inside from the outside. He describes that "without separation in time and distance there can be no concept of psychic space and therefore no perception, and certainly no representation" (Grotstein, 1978, p. 56). This lack of a space is demonstrated in the stories by the enmeshment and changeableness of roles and identities. Disorganised: Bizarre presents with more severe dysfunction, with characters changing from good to bad, such as the babysitter into a robot and from parents to monsters, for example, the granny into a ghost. Grotstein (1978) also describes how the space of the infant becomes determined by the development of a psychic skin, which acts as a barrier in which to hold the introjections and goodness received from the mother. Without a container, there can be no development of a psychic

skin. In his work, Meltzer (1975) described what he termed “adhesive identification”, where the uncontained child must take on the properties of another object in order to contain the self. This may be seen in the stories where there is little differentiation between child and parent. For example, in one story the mother becomes a child and attends school while the protagonist stays at home.

Using object relations, re-occurring themes in the data have been given an interpretation which has allowed for insight into the mind of the child in each attachment category. The central anxiety of the child has been brought to attention as well as the defences used by the child in that category in order to manage such anxiety. What seems to have prevailed is that the child living with an insecure attachment seems to be operating predominantly within the paranoid schizoid position and using the primitive defences available there. Strong themes of introjection and projection have emerged and as the attachment categories seem to increase in severity of dysfunction, so do the defences seem to increase in force, thus resulting in increasingly fragmented and disintegrated egos. Suggestions in different failures of containment may provide another interpretation of difference in functioning between categories. Conceptualising attachment in this way may have interesting and important implications for future research as well as practice.

5.2.5 The South African Context

The data used for analysis was collected from South African children’s homes and an outpatient hospital setting. The result of this is that of the entire data set collected; only 3 protocols were scored as securely attached. This presents a very concerning figure and cause for concern. Compared to studies on attachments in South African peri-urban settlements, many have found surprisingly high numbers of secure attachments and have suggested that the high rates are due to the type of living as well as community based interaction experienced in townships in South Africa (Tomlinson, Cooper, & Murray, 2005; Cooper, et al., 2009). However, the focus of this study is on institutionalised children, an area in which very little data has been investigated in South Africa but shown in international studies to have high levels of insecure attachments (Muris & Maas, 2004; Engel, 1971). This small grouping was deemed insufficient with which to make a comparison and was thus excluded from the analysis, with the focus then remaining on insecure attachment. Of the brief histories gained from some of the children, their pasts are varied, with some having been abandoned at birth while others were removed from their caregivers only a short while before volunteering to take part in the study. The nature and quality of their past caregiving experiences remain unknown as well as their day to day experiences of living in the children’s home. This may have important consequences for the data and may suggest that the context is quite specific to

children living in children's homes and accessing government hospital services, which may suggest deprivation and also less than ideal care settings (Engel, 1971). This is something which has important implications for the South African context of institutionalised care and warrants further investigation and intervention and may also have relevancy internationally. In addition to this, South Africa offers a specific context of its own. South Africa presents with a high unemployment rate as well as high rates in violent crime and child abuse (Tomlinson, Cooper, & Murray, 2005). South Africa has some of the highest incidences of child rape in the world with more than 67,000 cases of rape and sexual assaults against children reported in 2000 (www.rape.co.za). This background context of social stressor as well as prevalence of violence must be considered to have an effect on the context of this vulnerable population. Mothers in these conditions may experience concern not only over issues such as health, food and basic care needs but also external stressors such as violence (Tomlinson, Cooper, & Murray, 2005). In addition, or related to this, a high number of mothers in these settings have been found to be suffering from past natal depression, which is thought to affect issues such as attachment to their infants (Lyons-Ruth, Connell, & Grunebaum, 1990).

Of the data collected, 23 were initially classified as avoidant, 17 as ambivalent and 17 as disorganised. As mentioned above, a very small number was classified as secure and this has implications for either the current home environment of the child, their previous living situation or both. As well as providing a backdrop of violence, the context of a South African sample may present with other issues such as the variation in culture, especially between caregiver of the home and child as well as between the researcher and the child. This melding of cultures, both within this setting as well as in the general South African context may have implications for the generalizability of this study to other cultures.

5.3 Limitations of Research

One major limitation of the study is that no detailed background history is known about the participants of the study because this study focused on the use of the ASCT. All interpretations of the study have been made solely from the information provided in the stories, however an accurate history may go a long way towards collaborating interpretations of the data and may confirm whether the interpretations are able to be generalised beyond the content of the story in future studies and to the home environment and caregiving relationship of the parent and child. In addition to a comprehensive background, other collaborative data could also be used to either confirm or dispute the findings of this research, such as child observations and triangulated methods of assessing the attachment relationship.

The specifically South African context may also present some challenges when trying to generalise the above findings and further research into this is required. As discussed, South Africa presents with certain characteristics which may be specific to this context, however, it is clear that all over the world, children living in institutionalised care and deprived situations face similar risks and difficulties (Muris & Maas, 2004; Engel, 1971; Cooper, et al., 2009). What this study has shown confirms the literature that suggests that children in less than ideal care settings may suffer from a host of difficulties, starting with an insecure attachment (Bowlby, 1984). In this way, children in homes here in South Africa and children in homes internationally share common characteristics and may benefit from similar interventions and considerations.

In addition, this study presents only an explorative study into the themes presented by the ASCT; therefore what has been presented in this research only begins to scratch the surface of what may be suggested in the data. Perhaps other assessment methods could be used in addition to the ASCT as well as a more detailed and more explanatory methods of analysis used in order to verify the suggestions made in this study.

5.4 Recommendations for Future Research and Clinical implications

Therefore this study presents many opportunities for further research. Additional research into the discussed categories, with corroborating history and possibly an observation of child behaviour, would go a long way to confirming and elucidating the presence of the subcategories of attachment. Also, there are a number of additional attachment measures which may be used, either alternatively or in addition to the ASCT which can help in verifying the presence of sub categories of attachment. This study also presents a qualitative analysis and perhaps further data could be obtained from alternate methods of analysis, such as in the Fraley & Spieker (2003) study. There is a wealth of data that needs further exploration within the proposed additional categories. If indeed the proposed categories exist on a continuum, then it may be possible that increasing levels of insecure attachment are associated with more severe pathology. If this could be further investigated, it may be possible to determine if certain kinds of pathology are associated with certain categories of attachment and whether the risk and severity of pathology increases proportionately along continuum of attachment. This may have implications for the treatment and prediction of pathology. Many of the pathologies considered by Bowlby in his research were of the adult nature (Bowlby, 1977) and he proposed their origin in insecure attachment while many current studies focus on the effects on insecure attachment in children (Abela, Hankin, Haigh, Adams, Vinokuroff, & Trayhern, 2005; Donenberg & Baker, 1993; Lee & Hankin, 2009). This suggests that the presence of sub-categories of attachment need further exploration into their development into adulthood and if

corresponding adult attachment styles could be identified. It also suggests that further analysis is needed into the subtleties of subcategories of attachment and what results in behaviour may be in childhood, such as internalising vs. externalising behaviours, effects on peer relations and self esteem. This research has also made use of the ASCT in working with children between the ages of 8-12. Further research is needed on sub-categories of attachment in children of different ages, again using different attachment measures. It may be that sub-categories appear differently when assessed on younger or older children. Further research is required.

In addition, Joffe's paper on types of failed containment (Joffe, 2008), which was used extensively in this research in order to shed light on the object relational functioning of the child, may be better able to be mapped directly onto the categories of attachment. This is, however, one method of linking object relations to attachment theory and there may be other methods and theories which provide alternate considerations and an improved fit. Further research is needed to expand the links between object relations and attachment theory, perhaps working to further map theories onto one another and provide for a richer understanding.

Reconsidering the blueprint of attachment categories may also have many implications for clinical practice when working with children. Formulations of clients as well as treatment interventions may be effected by reconsidering the classification of the attachment relationship. The course of action of treatment may take an alternate route when considering alternate kinds of attachment categories and in order to bring splits together and provide an alternate experience of containment.

While there is research into attachment styles in South Africa, the area of institutionalised care is one in which much literature is missing. What this research has shown is that children in this context are at great risk for pathology and future difficulties in relational functioning. Much of the literature has demonstrated the intergenerational transference of the internal working model (Blatt & Levy, 2003)and so this context provides a potential jeopardy for a perpetuating a cycle of insecure attachment and pathology. As these children do stand as such a vulnerable population in need of additional resources and care, much more research should be conducted in this area with a focus aimed at intervention. This is also an area of concern internationally and further research into the generalizability as well as similarities of South African vs. cross cultural themes should be analysed.

5.5 Conclusion

What has been apparent from the results of this study is that attachment may be a more complicated and intricate concept than previously considered. The range and experience of human behaviour is so vast that it might seem peculiar that all experiences of attachment should fall within

four categories. While attachment has generally been accepted to occur within discrete categories, the addition of sub-categories may allow for the inclusion of and adjustment to children that may have previously been pushed into a category based on their general attachment characteristics while still showing some kind of variation. The inclusion of sub-categories allows for some deviation and differences in children's behaviour. However, further study is needed to confirm the presence of sub categories of attachment.

In addition to this, attachment theory and object relations have a history of disagreement in terms of the verification of theories for example empirical observation vs. backwards deductive reasoning as well as the actual psychological nature of attachment or human relationships, for example whether the purpose of the mother is to meet the instinctual drives of the infant. Mapping the two theories over one another may shed light on the internal psychological experience of the child within each category. For example, enriching the experience of the child with an insecure attachment and describing how he experiences his objects, what defences he uses in order to manage his anxiety and function in relationships. The basis for both theories, the relationship between child and mother, may offer alternative but complementing views on the most important relationship in the lifespan, the very first.

The focus of this study was specifically attachment themes occurring within the ASCT for children in homes and hospitals in a South African setting. Therefore, themes which have been identified as emerging from the ASCT may provide a deeper understanding of issues facing deprived children in South Africa. Whether these themes are specific to the South African context or are able to be generalised cross culturally remains to be seen. However, it cannot be denied that the issues which face deprived children here have a general appeal and have implications internationally. In addition, children everywhere exist in a relationship with their caretakers and thus the application of object relations to attachment in South Africa is applicable and possibly generalizable. What this research has found is that children in homes and accessing government hospital care are experiencing insecure attachments, which may be putting them at a disadvantage as well as at risk for developing pathology and dysfunction relationally and in the future. It could be suggested that those children accessing government psychological care may already be experiencing of difficulty. Therefore this research has important implications for treatment and intervention and highlights the need for more focus in this area.

In conclusion, the results and aims of this research have been twofold. By using the ASCT as a tool of analysis, both for the classification of attachment as well as almost a projective test into which the internal working model of the child can be projected, a dual analysis has been performed. Firstly

themes emerging from the ASCT have been analysed, giving rise to the possibility of identification of additional categories of attachment and the suggestion that perhaps attachment should function on a continuum rather than as discrete categories. The possibility of this allows for the finer and more detailed classification of children who may show varying forms of previously accepted categories. Secondly, analysing the emergent themes through the lens of object relations has allowed for a deeper and richer understanding of the mental representations of an insecurely attached child in middle childhood. This has in its own way provided a dual analysis, with one part demonstrating the observable behavioural traits and the other suggesting what may be the inner experience of the internal world of the insecurely attached child.

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Signed Consent forms go here (to be printed out from email)

Appendix 3: Organisational Information Sheet

Good Day.

My name is Lexi Plit, and I am doing research towards a Masters Degree in Clinical Psychology at the University of Witwatersrand. I form part of a larger team conducting the following research as part of a larger Doctoral project. The larger research project is investigating the association between defences, ego development, attachment and emotions. These are all vital areas for the functioning and development in children. We have approached various schools, homes and hospitals in order to collect our data.

We would like to request that you allow us to enter your institution and request for volunteers for the research. We are assessing children from the ages of 8-12, both boys and girls.

The research consists of the following assessments:

- The SSAIS-R verbal similarities subtest
- The Differential Emotions Scale
    - This measures the incidence of a list of emotions experienced over the last week
- Attachment Story Completion Test (ASCT).
    - This assessment involves the introduction of 5 story stems using dolls and props. Once the story has been set up, the researcher asks the child to complete the story using the props.
- The Thematic Apperception Test
    - A projective measure
- The Comprehensive Assessment of Defence Styles (CADS)

The entire battery will take about 60 minutes to complete. Participation is voluntary and there is no reward for participating nor is there a disadvantage to not participating. All research data collected will be kept completely confidential and no identifying information will be included in the final report. The data collected will only be seen by myself and my fellow research team, who are all bound by confidentiality.

If at any time during the research we come across any sensitive or concerning issues, we will follow procedure and notify the caretaker in your institution responsible for that child.

If you choose to allow us to enter your institution and assess volunteers, please sign the attached consent form and return to me.

If you wish to read the research after it has been completed, please contact me and a summary of the research can be provided to you.

Your participation will be greatly valued and will make a significant contribution to the research.

Regards

Lexi Plit

Appendix 4: Parent Information Sheet

Dear Parent,

My name is Lexi Plit, and I am doing research towards a Masters Degree in clinical Psychology at the University of Witwatersrand. I form part of a larger team conducting the following research as part of a larger Doctoral project. The larger research project is investigating the emotions of children at different times, how they manage their emotions and how they feel about the different people in their life.

We would like to invite you and your child to participate in this research. The research consists of the following assessments:

- A verbal Intelligence Test
- A scale measuring emotions experienced over the last week
- A test which asks children to complete various story scenarios which measures their style of attachment to caregivers and others
- A test where children are asked to tell a story about a set of pictures, from which themes are then inferred
- You will be asked to fill out a questionnaire about how your child reacts in different situations.

The entire battery will take about 60 minutes to complete. Participation is voluntary and there is no reward for participating nor is there a disadvantage to not participating. All research data collected will be kept completely confidential and no identifying information will be included in the final report. The data collected will only be seen by myself and my fellow research team, who are all bound by confidentiality.

If you agree to volunteer to participate, please fill out the consent form as well as the attached CADS questionnaire, which asks some questions about your child's behaviour at different times. Please return this as soon as possible to your child's school.

If at any time during the research we come across any issues that may be difficult or painful for you or your child, we are happy to provide you with referrals for free counselling in order to address these issues, if you so wish.

If you wish to read the research after it has been completed, please contact me and a summary of the research can be provided to you.

Your participation will be greatly valued and will make a significant contribution to the research.

Regards

Lexi Plit

lexiplit@gmail.com

Appendix 5: Parent Interview Consent Form

I, _____ , consent for myself and my child to be interviewed by Alexa Plit in relation to her research of love, hate and other feelings felt in relation to how secure my child feels in the world.

I understand:

- What this research is about
- That participation is voluntary
- That I/my child may refuse to answer any questions that I do not want to
- That I/my child may withdraw from this study at any time
- That there will be no negative consequences if I/my child decides later that I/my child does not want to take part
- That my name or other information used to identify me/my child in this research will not be used
- Where there are quotes no one will be able to tell that those are my/my child's words
- That there are no direct benefits to participating in this study
- That there are no known risks for participating in this study

Signed _____

Date _____

Appendix 6: Child Interview Assent Form

I, _____ , assent to be interviewed by Alexa Plit in relation to her research of different feelings and how I act in different situations.

I understand:

- What this research is about
- That participation is voluntary
- That I may refuse to answer any questions that I do not want to
- That I may withdraw from this study at any time
- That there will be no negative consequences if I decide later that I do not want to take part
- That my name or other information used to identify me in this research will not be used
- Where there are quotes no one will be able to tell that those are my words
- That there are no direct benefits to participating in this study
- That there are no known risks for participating in this study

Signed _____

Date _____

…